

IN THE UNITED STATES DISTRICT COURT
FOR THE WESTERN DISTRICT OF VIRGINIA
HARRISONBURG DIVISION

JOHN DOE 4, by and through his next)
friend, NELSON LOPEZ, on behalf of)
himself and all persons similarly)
situated,)

Plaintiffs,)

vs.)

No. 5:17-cv-0097

SHENANDOAH VALLEY JUVENILE)
CENTER COMMISSION,)
Defendant.)

Deposition of GREGORY N. LEWIS, Psy.D.,
taken before GREG S. WEILAND, CSR, RMR, CRR, via
videoconference, pursuant to the Federal Rules of
Civil Procedure for the United States District Court
pertaining to the taking of depositions, at
Suite 3000, One North Franklin Street, in the City
of Chicago, Cook County, Illinois, commencing at
9:27 o'clock a.m., on the 16th day of October, 2018.



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1 PRESENT:
2
3 ON BEHALF OF THE PLAINTIFFS:
4 WASHINGTON LAWYERS' COMMITTEE FOR CIVIL RIGHTS
5 AND URBAN AFFAIRS:
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11
12 ON BEHALF OF THE DEFENDANT:
13 WILLIAMS MULLEN
14 BY: MS. MEREDITH M. HAYNES (via videoconference)
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20
21
22

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1 (Witness sworn.)
2 GREGORY N. LEWIS, Psy.D.
3 after being first duly sworn, testified as follows:
4 EXAMINATION
5 BY MS. HAYNES:
6 Q. Good morning, Dr. Lewis.
7 A. Good morning.
8 Q. My name is Meredith Haynes, and I
9 represent the Defendant Shenandoah Valley Juvenile
10 Center Commission in this case.
11 Before we get started, could you just give
12 me your name and business address for the record.
13 A. Yes. My name is Dr. Gregory N. Lewis,
14 L-e-w-i-s.
15 I work at different places, but my main
16 office is at the Alliance Clinical Associates, which
17 is 7 Blanchard Circle, Suite 201, in Wheaton,
18 Illinois 60189.
19 Q. And I can hear you pretty well. Are you
20 having any problems hearing me?
21 A. None at all.
22 Q. Great. If that changes, just let me know.

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1 A. All right.
2 Q. I know you've been deposed before, so I
3 won't spend a lot of time going through the rules.
4 But just as a refresher for both of us,
5 and especially because we're on video today, will
6 you try to let me finish a question even if you know
7 exactly what I'm about to ask, and I'll do the same
8 for your answers?
9 A. Okay.
10 Q. And I think we're doing a good job of this
11 so far, but try to verbalize your answers,
12 especially because I can't really see what your head
13 nodding or shaking to.
14 A. All right.
15 Q. And you understand you're under the same
16 oath today as you would be as if we were in a
17 courtroom?
18 A. That's correct.
19 Q. I think we have a lot of material to
20 cover, and I'll try to take breaks, you know, every
21 hour, hour and a half or so.
22 But will you let me know if you need a

<p style="text-align: right;">Page 6</p> <p>1 break? I'm happy to take one on this end too.</p> <p>2 A. I will.</p> <p>3 Q. Great. Did you bring anything with you to</p> <p>4 your deposition today as far as notes or an outline</p> <p>5 to work from?</p> <p>6 A. I did not bring an outline. I did bring</p> <p>7 some of the documents. I wasn't sure exactly what</p> <p>8 would be here, but I'm just going to leave them in</p> <p>9 the bag.</p> <p>10 Q. Okay. Did you do anything in particular</p> <p>11 to prepare for your deposition today?</p> <p>12 A. I reviewed a variety of documents,</p> <p>13 documents that I had written. I reviewed the bulk</p> <p>14 of the documents that have, you know, developed in</p> <p>15 this case.</p> <p>16 Q. Okay. And we will go through those in a</p> <p>17 little bit, but first I wanted to get a little bit</p> <p>18 of an idea of your expert work.</p> <p>19 Do you have an exhibit binder in front of</p> <p>20 you, by chance?</p> <p>21 (Whereupon, an off-the-record</p> <p>22 discussion was held.)</p>	<p style="text-align: right;">Page 8</p> <p>1 2018 report.</p> <p>2 A. I believe I did bring that.</p> <p>3 Q. Okay.</p> <p>4 A. Actually, you know, I don't know that I</p> <p>5 did -- oh, here it is. Yeah, I did bring it.</p> <p>6 MS. HAYNES: So, Greg, we can go off the</p> <p>7 record for a second.</p> <p>8 (Whereupon, an off-the-record</p> <p>9 discussion was held.)</p> <p>10 BY MS. HAYNES:</p> <p>11 Q. So now we're both looking at -- it says</p> <p>12 Appendix C at the top and Exhibit 1 at the bottom,</p> <p>13 right?</p> <p>14 A. That's right.</p> <p>15 Q. And this is the Appendix C that you</p> <p>16 attached to your September 11th, 2018 report?</p> <p>17 A. Yes.</p> <p>18 Q. And I think you described this as a list</p> <p>19 of the cases in which you've recently been involved;</p> <p>20 is that right?</p> <p>21 A. Well, recently, many of these go back to</p> <p>22 like 2009, but yes.</p>
<p style="text-align: right;">Page 7</p> <p>1 THE WITNESS: Did you want me to look</p> <p>2 through this?</p> <p>3 (Exhibit 1 was marked for</p> <p>4 identification.)</p> <p>5 BY MS. HAYNES:</p> <p>6 Q. Yes, Dr. Lewis, not through all of them.</p> <p>7 But could you just look at Exhibit 1 for now, and</p> <p>8 that should be Appendix C to your report.</p> <p>9 A. Actually it's Exhibit 1, but it says</p> <p>10 Appendix C.</p> <p>11 Q. Is there a second page with the actual</p> <p>12 appendix hopefully?</p> <p>13 A. There's an Exhibit 2 and Appendix B.</p> <p>14 (Whereupon, an off-the-record</p> <p>15 discussion was held.)</p> <p>16 BY MS. HAYNES:</p> <p>17 Q. Let's do it this way, Dr. Lewis: Do you</p> <p>18 have a copy of your report with the appendices?</p> <p>19 A. Which report?</p> <p>20 Q. Your --</p> <p>21 A. September 11th?</p> <p>22 Q. September -- yes, your September 11th,</p>	<p style="text-align: right;">Page 9</p> <p>1 Q. Okay. Well, can you give me an idea of</p> <p>2 what your expert experience is beyond these cases?</p> <p>3 A. Let me just think for a minute.</p> <p>4 In terms of civil cases, these would be</p> <p>5 the only civil cases that I've been involved with</p> <p>6 other than the current one. I've served as an</p> <p>7 expert on immigration cases, for asylum or special</p> <p>8 immigrant juvenile status, but that's different.</p> <p>9 That's not civil cases. So those I've done many.</p> <p>10 Q. Okay. So the first case, the Kimberly Doe</p> <p>11 versus the United States, that was a case it's my</p> <p>12 understanding where women were alleging sexual</p> <p>13 assault.</p> <p>14 Is that a fair description of the general</p> <p>15 allegations in that case?</p> <p>16 A. That's correct.</p> <p>17 Q. And I think you said that you were deposed</p> <p>18 in that case, and the case ultimately settled?</p> <p>19 A. That's correct, yes.</p> <p>20 Q. And I assume since you were deposed did</p> <p>21 you also write a report in that case?</p> <p>22 A. I actually wrote several. I evaluated --</p>

<p style="text-align: right;">Page 10</p> <p>1 there were a total of eight women. I saw four of 2 them for evaluation, so I submitted four reports. 3 Q. Okay. And were any of them minors, or 4 were they all adults? 5 A. They were all adult women. 6 Q. I noticed that a motion to exclude your 7 testimony was filed in that case. 8 Were you aware of that? 9 A. You know, I'm not sure -- yes, I was. I 10 mean, this goes back quite a while. Yes, I was 11 aware of that. 12 Q. Yeah, and I don't intend it to be a memory 13 test at all, so if you can't remember, that's fine. 14 Do you know what the outcome of that 15 motion was? 16 A. I do not. I know that I was -- 17 Q. Do you know if any other -- 18 A. Well, I know that I was -- this goes back 19 to 2017, that in March of 2017 I was contacted by 20 the lawyers. This had gone through several 21 different lawyers at this point, so it was a new 22 group that I had not had communication with, and</p>	<p style="text-align: right;">Page 12</p> <p>1 a brief talking about the difficulties and the 2 problems in separating a child from their parent. 3 So this was a minor child. 4 Q. Okay. So you didn't evaluate anyone in 5 that case, but you gave an expert opinion -- 6 A. Opinion. 7 Q. -- that was included in the brief? 8 A. That's correct. 9 Q. Fair? 10 A. Yes. 11 Q. Okay. And was ORR a defendant in that 12 case, do you know? 13 A. You know, I did not bring that with me. I 14 believe -- I believe they were, yes. 15 Q. And are you currently involved in that 16 case, or has that case concluded -- 17 A. That case has concluded. 18 Q. -- as far as you know? 19 A. Yes. 20 Q. And then the third case you've listed 21 there, the Abraxas litigation, what was the nature 22 of that case?</p>
<p style="text-align: right;">Page 11</p> <p>1 they told me to prepare to testify in April of 2017. 2 This was in March. And then I got a call about two 3 weeks later that the case had been settled. 4 So that's as much as I know. 5 Q. Understood. So the second case, D.B., as 6 next friend of R.M.B., versus Cardall, what was the 7 nature of that case? I think you said you submitted 8 a brief to the Fourth Circuit. 9 What does that mean? What was your work 10 in that case? 11 A. There was about seven of us that were 12 involved with this brief. I was the only 13 psychologist. The others were people that had 14 worked in immigration and child welfare. 15 The allegation in this case was that a 16 child had been separated from his mother, who was 17 living in the United States; and essentially I 18 believe the Office of Refugee Resettlement believed 19 that the mother was not fit to have custody of the 20 child, so the child remained in the custody of ORR. 21 So this brief was basically -- so I did 22 not evaluate the child or the mother. It was simply</p>	<p style="text-align: right;">Page 13</p> <p>1 A. This was a case that involved alleged 2 abuse of several minors who were in custody with ORR 3 at the Abraxas facility in Texas, and it was 4 alleged -- I actually observed videotapes in that 5 case of alleged abuse, which we determined that -- I 6 felt that there was abuse based on what I witnessed 7 in these videos. 8 So I evaluated I believe it was six, 9 possibly seven youths, and did the reports on each 10 one of them. I do not -- actually I believe I was 11 deposed for that one. I think it was here in 12 Chicago. Did not go to trial. My understanding, it 13 was settled but that there was some -- the Abraxas 14 facility was either closed down as a result of that 15 case or required to do a variety of different 16 things. 17 One -- I should also say that as part of 18 that case several of the youths were deported. I'm 19 not sure if they chose voluntary deported or whether 20 they were deported by the government to Honduras; 21 and I actually traveled to Honduras with a lawyer 22 and a translator, and we were able to locate the</p>

<p style="text-align: right;">Page 14</p> <p>1 three youths who were a part of this case and get 2 their testimony. 3 So I did reports on those three youths, 4 and there had been several others that I had 5 evaluated previously. 6 I believe that case was -- 7 Q. Was that -- 8 A. Well, I'm not sure if it was settled or if 9 they actually won. I never actually did hear the 10 specific findings of that. 11 But my understanding was the boys each got 12 \$10,000 as a result of that for punitive damages and 13 that there was significant constraints put on 14 Abraxas in terms of what they needed to do in the 15 future in terms of treatment and care. 16 Q. Was that case a class action? 17 A. Yes, it was. 18 Q. And I think in your report you said that 19 you evaluated five youths. 20 Are you remembering more like seven now, 21 or do you think five is the right number? 22 A. You know, as part -- initially it was</p>	<p style="text-align: right;">Page 16</p> <p>1 as to all defendants was that the youths had not 2 been cared for adequately? 3 A. That's correct. 4 Q. Okay. 5 A. And just to reiterate, I did watch videos, 6 several videos. I don't know if you want me to go 7 into some of the things I saw, but that was part of 8 what I observed. I saw kids being punched and 9 tasered, so that was part of what factored into any 10 decision there or my opinion. 11 Q. Thanks for that detail. 12 And then in the Abraxas case, do you 13 know -- so that center was a juvenile detention 14 center. 15 Was it a center for immigrant youth in 16 particular, do you know? 17 A. No, it was just -- it wasn't just for 18 immigrant youth. I believe it was just a juvenile 19 detention center. I'm not sure if it was staff 20 secure. I believe it may have been either staff -- 21 staff secure. 22 Q. You anticipated my next question.</p>
<p style="text-align: right;">Page 15</p> <p>1 Abraxas and Nixon. I evaluated youths at the same 2 time for both. So I think I'm thinking about some 3 other. No, I think five is the correct number. 4 Q. Okay. And I think also in your report you 5 say a settlement agreement was reached with the 6 facility and the employees, but the case against the 7 United States and its employees was lost. 8 Does that -- 9 A. Was that for Abraxas? 10 Q. -- refresh your memory? 11 A. I think that's correct. That's right. 12 Q. Yes, sir. 13 A. That's right. 14 Q. So in that case ORR and other governmental 15 agencies were defendants? Is that your memory? 16 A. That's right, they were. 17 Q. And in serving as an expert in that case, 18 did you provide opinions against ORR and the 19 governmental agencies as well as against the Center 20 defendants? 21 A. That's correct. 22 Q. Okay. And it's fair to say your opinion</p>	<p style="text-align: right;">Page 17</p> <p>1 So you think it was staff secure versus 2 secure, or do you know? 3 A. You know, I don't. I don't remember for 4 sure. I don't know. I believe it was staff secure. 5 Q. Okay. And then the last case you've 6 listed, the Fabian case, what was your involvement 7 there? 8 A. Essentially the same as the Abraxas case, 9 evaluating -- I don't remember the exact number of 10 youths, but evaluating each of the youths; then also 11 doing a report for each of them. 12 Q. Do you remember how many youths you 13 evaluated in that case? 14 A. You know, without looking at the specifics 15 I don't recall. It might have been -- if it was 16 five in the other one, it might have been four. I 17 just don't recall exactly. 18 Q. I'd have to find the right paragraph in 19 your report, but I think you said you evaluated six 20 in the Fabian case. 21 Does that sound right? 22 A. That's probably correct, yes.</p>

5 (Pages 14 - 17)

<p style="text-align: right;">Page 18</p> <p>1 Q. Okay. So six in the Fabian case and five 2 in the Abraxas case?</p> <p>3 A. That's right.</p> <p>4 Q. Okay. And do you know what type of 5 facility was a defendant in the Fabian case? Was it 6 staff secure or secure, do you know?</p> <p>7 A. I don't know for sure, but I believe it 8 was staff secure.</p> <p>9 Q. And the Government was a defendant in that 10 case as well?</p> <p>11 A. Yes, it was. I believe --</p> <p>12 Q. Were your opinions -- I'm sorry, go ahead.</p> <p>13 A. -- Maureen Dunn was the head of ORR at 14 that time. That's where it says versus Dunn, yes.</p> <p>15 Q. And I think -- did you say that your 16 opinions in Case Number 4 were like those in Case 17 Number 3? You found that the youths were not being 18 adequately cared for to say the least?</p> <p>19 A. Yes, that's correct.</p> <p>20 Q. Okay. And were your opinions in the 21 Fabian case with respect to the governmental 22 defendants as well as with respect to the facility?</p>	<p style="text-align: right;">Page 20</p> <p>1 I do not know how that case -- I'm not 2 sure what happened in that case, but that was 3 probably 10 or 12 years ago.</p> <p>4 Q. So more distant in time than these cases 5 you've listed here?</p> <p>6 A. That's right.</p> <p>7 Q. So is it true then that you've never 8 served as an expert in a case where you found that 9 the center was providing adequate care for the 10 youths?</p> <p>11 A. That's correct.</p> <p>12 Q. You've never been --</p> <p>13 A. I've never been --</p> <p>14 Q. -- supportive, in summary?</p> <p>15 A. That's right.</p> <p>16 Q. Okay, okay. And have you ever served -- 17 it doesn't seem like you've ever served as an expert 18 in a case where the center is the only defendant.</p> <p>19 I think in these other cases there were 20 government agencies also involved as defendants, 21 right?</p> <p>22 A. That's right.</p>
<p style="text-align: right;">Page 19</p> <p>1 A. Yes.</p> <p>2 Q. Okay. Have you -- I think you -- is it 3 fair to say that these four cases that you listed I 4 think you said are the only civil cases you've been 5 involved in? And my understanding when you say that 6 is that all other cases you've been involved in are 7 with asylum or immigration proceedings.</p> <p>8 Am I understanding you correctly?</p> <p>9 A. Yes. I just need to think for a minute. 10 I don't think there have been any other cases of a 11 civil nature.</p> <p>12 There was one other case of a civil 13 nature, but it was many, many years ago involving 14 two girls, two minors from I believe it was 15 Guatemala; and there was a custody dispute between 16 the grandmother and the mother, and the mother I 17 believe was in Guatemala and the grandmother was 18 here in the United States.</p> <p>19 So I was asked to do a competency 20 evaluation on the two young girls as to whether they 21 were able to inform the judge as to where they would 22 like to live.</p>	<p style="text-align: right;">Page 21</p> <p>1 Q. Okay. Doctor, could you explain -- I 2 appreciate that what -- your involvement in this 3 case is as a -- is to do forensic psychological 4 evaluations, right?</p> <p>5 A. That's correct.</p> <p>6 Q. And could you just explain to me as a 7 layperson the difference, if any, between a 8 therapeutic assessment and a forensic assessment?</p> <p>9 A. A therapeutic assessment essentially is 10 just done to evaluate an individual's psychological 11 problems. Usually you come up with a diagnosis and 12 recommendations for treatment, so it's what we would 13 refer to as a clinical evaluation, primarily for the 14 purpose of understanding diagnosis and treatment and 15 making recommendations.</p> <p>16 A forensic evaluation is done by someone 17 who is independent, so it includes a clinical 18 evaluation but it's done independently of -- in 19 other words, the forensic psychologist is going to 20 look at different possibilities for problems that a 21 person is having. So it isn't just coming up with a 22 diagnosis and a treatment plan, but also there's a</p>

<p style="text-align: right;">Page 22</p> <p>1 psycho-legal context in a forensic evaluation where 2 there's a question being asked by the court, so that 3 the tests that are done, the evaluation that's done 4 is done to inform the court of how this individual's 5 psychological problems are affecting the particular 6 legal question. 7 So it's a very specific kind of evaluation 8 that's not routinely done in a clinical or 9 therapeutic evaluation. 10 Q. Are you always -- when you do a forensic 11 psychological evaluation, is it fair to say that 12 you're practicing as a forensic psychologist? Is it 13 a different specialty than what you do as a clinical 14 psychologist? 15 A. That's correct, yes. 16 Q. Okay. And are you always wearing that 17 forensic psychology hat when you serve as an expert 18 in a case, or are there cases where you can be 19 wearing your clinical psychologist hat as an expert 20 in the case? 21 A. Are you talking about in a civil case? 22 Q. Yes.</p>	<p style="text-align: right;">Page 24</p> <p>1 Q. What is special immigrant juvenile status? 2 What does that mean? 3 A. It's commonly referred to as SIJ's. 4 MS. LIEBERMAN: Objection, calls for a 5 legal conclusion. 6 THE WITNESS: Yes, special immigrant 7 juvenile status, basically it's similar to a child 8 abuse case, so for a minor that's here from another 9 country who is reporting abuse from their parents or 10 whatever. It could be, you know, somebody that 11 that -- it could be a babysitter, but they're 12 reporting abuse, so it would be similar to a child 13 protective services case here versus asylum is 14 looking at persecution due to being part of a 15 special group and the failure of the government to 16 protect that child. 17 So this is simply like an abuse case. So 18 I'm evaluating for their history and alleged abuse 19 and do the symptoms they are reporting of trauma or 20 depression, are they consistent with being abused; 21 and then we try to find any corroborating evidence 22 of that that we can. I don't do that personally,</p>
<p style="text-align: right;">Page 23</p> <p>1 A. Yes -- no, I would simply be wearing the 2 forensic psychologist hat. 3 Q. What about in other cases? 4 A. The only other -- I guess the exception to 5 that would be if there was somebody -- when I used 6 to work at the hospital that I used to work at -- 7 I'm retired from there -- we would often get youths 8 referred to us and then later find out there was 9 court involvement, and so I would get subpoenaed to 10 go to court to testify what my findings were. 11 So when I initially saw that youth or that 12 child, it was not done as a forensic psychologist. 13 It was done simply as a clinician, and I would go 14 simply to report my findings to the court. 15 But if it's a civil case that I know about 16 up front or if there's a legal question involved, 17 then you're wearing the forensic hat right from the 18 start. 19 Q. You mentioned that you've done forensic 20 psychological assessments and special immigrant 21 juvenile status and asylum cases, right? 22 A. That's correct, yes.</p>	<p style="text-align: right;">Page 25</p> <p>1 but social workers might go out and talk to the 2 family, so there's an attempt to try to corroborate 3 that. 4 But it's essentially looking at child 5 abuse and neglect. 6 BY MS. HAYNES: 7 Q. Okay. Thank you. And just to address the 8 objection, I understand and I'm not -- that's not an 9 area that I'm familiar with. 10 A. Okay. 11 Q. So I just wanted to know what your 12 involvement was in those cases. 13 So what is the purpose of a forensic psych 14 eval. in an SIJS case to your understanding? 15 A. The purpose is to first get their history 16 and find out what abuse may -- they're alleging may 17 have happened, what neglect may have happened, and 18 then to evaluate -- I mean, it is a clinical 19 evaluation in the sense that I'm asking about their 20 history and current symptoms that they might be 21 having. 22 And then I have to look for a connection</p>

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1 between whatever symptoms they're reporting to me.
 2 For instance, if they're reporting depression, did
 3 this depression start as a result of this alleged
 4 abuse; or if they're reporting posttraumatic stress
 5 disorder symptoms, is there a connection between
 6 those symptoms and that abuse or is the
 7 posttraumatic stress disorder due to something else
 8 that has nothing to do with the abuse. So I have to
 9 show what's called a nexus connection between
 10 symptoms and the alleged abuse.
 11 If we have corroborating evidence, and
 12 many times we don't, you're simply looking at a
 13 consistency between someone that says they've been
 14 abused and the symptoms that they're reporting, so
 15 that's the forensic part.
 16 If I was simply doing a clinical
 17 evaluation, I would just do an evaluation and I
 18 wouldn't have to show that it's connected to the
 19 alleged abuse in any way.
 20 Q. So you're trying to find a causal link?
 21 A. Yes.
 22 Q. Is that fair?

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1 A. That's right.
 2 Q. Okay.
 3 A. That's right.
 4 Q. And how do you get involved in those
 5 cases? Who asks you to come do an evaluation?
 6 A. When I first started doing this was in
 7 2004, and largely it comes from the Young Center,
 8 which is at the University of Chicago. It's called
 9 the Young Center for Immigrant Children's Rights,
 10 and they often would refer cases to me of youths
 11 that needed to be evaluated.
 12 Other groups would be the National
 13 Immigrant Justice Center has referred to me. And
 14 then many times they try to find pro bono lawyers to
 15 take these cases, so I ultimately often end up
 16 working with other law firms, either in the city or
 17 around the country.
 18 Q. And do you work on these cases pro bono?
 19 Are you compensated in some way to do the psych
 20 eval.?
 21 A. Most of those cases are done pro bono.
 22 I'm able to do them here in Chicago or my office up

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1 in -- I have another office in Evanston where I do a
 2 lot of these cases.
 3 When I was at the hospital, the hospital
 4 allowed me to bring them in without charging them.
 5 I do sometimes get payment for covering
 6 expenses, and I've recently had some cases in the
 7 last two years where they've paid me like \$500 just
 8 as a bit of a stipend, just as a, you know -- I
 9 didn't request that but they gave that to me. So
 10 most of the time they're done pro bono.
 11 Civil cases I don't because they're much
 12 more involved, and I have a fee for that.
 13 Q. And that's the \$300-per-hour fee I think
 14 you mentioned in your report?
 15 A. That's right.
 16 Q. And do you charge the same -- is that your
 17 rate for any civil case, or does it change depending
 18 on the case?
 19 A. No, that's my rate.
 20 Q. Okay.
 21 A. Yeah, and I should say ten years ago it
 22 used to be \$250 so like with the Nixon and Abraxas

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1 cases, so it has gone up, but that's what I charge.
 2 Q. Understood. You also mentioned asylum
 3 cases.
 4 Do you do forensic evals. in asylum cases?
 5 A. Yes, I do.
 6 Q. And to your understanding, what's the
 7 purpose of your evaluation in an asylum case?
 8 A. So with the asylum cases I'm looking for
 9 not just -- I'm not looking for abuse and neglect as
 10 in an SIJ case. I'm looking for some form of
 11 persecution, failure of the government to protect;
 12 and then I'm having to look at whatever -- let's say
 13 there's posttraumatic stress disorder there, and I
 14 don't always find that, but if there is can I link
 15 it to the alleged perpetration that they're talking
 16 about or does it not seem related to that.
 17 So, again, looking for a nexus or a causal
 18 connection, and then making recommendations to the
 19 court regarding, you know, what my findings were,
 20 whether there's a consistency between, let's say,
 21 their posttraumatic stress disorder and their
 22 alleged abuse that occurred of them, their

<p style="text-align: right;">Page 30</p> <p>1 persecution.</p> <p>2 And then they have to be part of one of</p> <p>3 the groups, you know, either for political</p> <p>4 persecution or part of a special social group, you</p> <p>5 know, religious persecution. It has to be one of</p> <p>6 the five categories that people can seek asylum for.</p> <p>7 Q. And how do you get involved in those</p> <p>8 cases? Who asks you to do an evaluation?</p> <p>9 A. Those largely come -- either can come</p> <p>10 through the Young Center, although many of the</p> <p>11 Young Center cases are SIJ cases, so it can start</p> <p>12 off with them; or it could come from various clinics</p> <p>13 around the country. The DePaul Asylum Clinic refers</p> <p>14 to me. I've done the Bosch Clinic in Oklahoma, so</p> <p>15 different people.</p> <p>16 Once I started doing this work my name got</p> <p>17 out there, and a variety of different people would</p> <p>18 hear about me and ask if I could do a case.</p> <p>19 Q. Do you do forensic psych evaluations in</p> <p>20 asylum cases that involve adults as well as</p> <p>21 minors --</p> <p>22 A. Yes.</p>	<p style="text-align: right;">Page 32</p> <p>1 Center here in Chicago, which works with torture</p> <p>2 survivors. They have a very specific mandate on who</p> <p>3 they can see. They can only work with people who</p> <p>4 have clearly alleged being tortured. There are many</p> <p>5 people who are seeking asylum who haven't been</p> <p>6 tortured.</p> <p>7 So she had connections with the</p> <p>8 Young Center, and the director of the Young Center,</p> <p>9 Maria Woltjen, was given my name by my former</p> <p>10 colleague, and she just called me and asked if I --</p> <p>11 she said you were recommended to me; would you be</p> <p>12 interested in doing this type of work.</p> <p>13 Q. In your report you say you've done 25</p> <p>14 forensic psych evaluations for UCs and asylum and</p> <p>15 SIJS cases.</p> <p>16 Does that sound right?</p> <p>17 A. Yeah, I was trying not to -- I was not</p> <p>18 including the civil cases. That number has probably</p> <p>19 gone up since then. It's probably, probably closer</p> <p>20 to 30 or 35.</p> <p>21 Q. Since 2004?</p> <p>22 A. Yes.</p>
<p style="text-align: right;">Page 31</p> <p>1 Q. -- or just in cases that involve minors?</p> <p>2 A. Yes, most of the asylum cases were adults,</p> <p>3 yes.</p> <p>4 Q. Okay.</p> <p>5 A. Maybe two-thirds of them.</p> <p>6 Q. And do you -- I think you mentioned you</p> <p>7 started doing the SIJS cases in about 2004?</p> <p>8 A. That's correct.</p> <p>9 Q. Did I hear that right?</p> <p>10 A. Yes.</p> <p>11 Q. What about for asylum cases, do you know a</p> <p>12 time frame of when you started doing those?</p> <p>13 A. Probably around I'll say within a year or</p> <p>14 two of that, probably 2 -- well, actually it was</p> <p>15 2005 because I remember the first case that I got</p> <p>16 involved with for that.</p> <p>17 Q. How did you get involved at the</p> <p>18 Young Center or start working with them on these</p> <p>19 cases in that time frame?</p> <p>20 A. A former colleague of mine, a psychologist</p> <p>21 who was at -- it was called Cook County Hospital at</p> <p>22 that time, left to work at a place called the Kovler</p>	<p style="text-align: right;">Page 33</p> <p>1 Q. How many -- do you know how many you've</p> <p>2 done total of adults and minors in SIJS and asylum</p> <p>3 cases?</p> <p>4 A. If I could just ask, the 25, was I stating</p> <p>5 that -- because I don't have my report in front of</p> <p>6 me. Did I say that was just for minors? I couldn't</p> <p>7 remember.</p> <p>8 Q. Let me look real quickly, and we will look</p> <p>9 at your report too.</p> <p>10 A. I think --</p> <p>11 (Exhibit 3 was marked for</p> <p>12 identification.)</p> <p>13 BY MS. HAYNES:</p> <p>14 Q. But in Paragraph -- in Paragraph 8 of your</p> <p>15 report, you say, "I have personally evaluated about</p> <p>16 25 UACs since 2004 for reasons of asylum and special</p> <p>17 immigrant juvenile status.</p> <p>18 And it's Exhibit 3 if you have that in</p> <p>19 front of you.</p> <p>20 A. Okay.</p> <p>21 Q. Exhibit 3, Page 3, Paragraph 8.</p> <p>22 A. Yes, so that -- yes, so that 25 number is</p>

<p style="text-align: right;">Page 34</p> <p>1 probably closer to 30 at this point. And then 2 you're right, there would be adult cases of asylum 3 in addition to that, probably another, oh, I'm going 4 to say 20 to 25. 5 Q. So 50 to 55 total in those types of cases, 6 SIJS and asylum? 7 A. Approximately, yes. 8 Q. Okay. And then I think in Paragraph 12, 9 while you're looking at it, I think you said you 10 evaluated six youths in one of the civil cases 11 you've worked on and five in another, which we 12 talked about earlier when we were looking at 13 Appendix C. 14 So 11 UCs in civil cases that you've done 15 forensic psych evals. of; is that right? 16 A. Not including the current case, yes. 17 Q. Including the -- 18 A. No, not -- 19 Q. Including the case would it be 11 or 12? 20 A. Well, if it's including the current case, 21 because I evaluated two youths as a part of the 22 current case, so it would be two additional ones to</p>	<p style="text-align: right;">Page 36</p> <p>1 I mean, it was done through a PowerPoint, handouts, 2 questions and answers. There was some small group 3 types of stuff, that type of thing. 4 So essentially it's a conference, a 5 one-day conference. 6 Q. Okay. And I'm just guessing from the 7 title that it seems like it was targeted toward 8 helping individuals obtain asylum status based on 9 their past trauma and experiences. 10 Is that a fair description? 11 A. Yes, it is. 12 Q. Okay. And then next you say you're 13 familiar with the Istanbul Protocol: Manual on the 14 Effective Investigation and Documentation of Torture 15 and Other Cruel, Inhumane or Degrading Treatment or 16 Punishment. 17 Could you elaborate on that a little bit 18 for me? I've heard of the Istanbul Protocol, but 19 how did it inform your work in this case? 20 A. I don't recall who developed this, but I 21 believe it was several physicians and psychologists 22 that were involved with the Physicians for Human</p>
<p style="text-align: right;">Page 35</p> <p>1 this. 2 Q. 13 total? 3 A. 13, yes. I'm trying to think if there's 4 any other ones. 5 No, it would just be 13. 6 Q. Okay. While you have it in front of you, 7 I wanted to ask you a little bit about your training 8 in forensic psychology, and I think you start 9 talking about that in Paragraph 7 of your report at 10 the bottom of Page 2. 11 A. Okay. 12 Q. And you start by saying, "I have completed 13 the training by the Physicians for Human Rights 14 Asylum Program on 'Aiding Survivors of Torture and 15 Other Human Rights Abuses'" and then a long 16 subtitle. 17 When was that training? 18 A. That was in 2009. 19 Q. And what type of training was it? Was it 20 a conference that you went to or a seminar? 21 A. It was an all-day -- it was on a Saturday, 22 all-day conference in Houston, Texas, with -- well,</p>	<p style="text-align: right;">Page 37</p> <p>1 Rights and groups like that who were concerned about 2 people from other countries primarily who were 3 reporting torture and yet they were here in this 4 country. 5 So it was a set of guidelines and an 6 understanding of how torture affects these 7 individuals and how to ask -- you know, what 8 questions need to be asked for them. 9 So this is a large manual. It's probably 10 an inch thick; it's probably about 200 pages. And 11 it talks about how to evaluate both from a medical 12 perspective as well as a psychological perspective, 13 what questions to ask, how to document this; and, 14 again, there has to be a clear link between whatever 15 findings the doctor or psychologist finds, and it 16 has to be linked to the alleged torture. 17 So when I say "familiar with," I haven't 18 read through every single page, but I've read 19 through large sections of that because I have had 20 the opportunity to evaluate many, many people from 21 countries and other countries in the world who have 22 alleged torture. So I wanted to familiarize myself</p>

<p style="text-align: right;">Page 38</p> <p>1 with that manual.</p> <p>2 Q. Okay. Thank you. And then next you say</p> <p>3 you've received training in forensic psychological</p> <p>4 assessment and testimony, as well as forensic</p> <p>5 assessment of trauma and emotional injury from the</p> <p>6 American Psychological Association.</p> <p>7 Could you give me a little bit more detail</p> <p>8 as to what you mean by that?</p> <p>9 A. Yes. All of the -- everything that I'm</p> <p>10 referring to here both for the American</p> <p>11 Psychological Association and the American Academy</p> <p>12 of Forensic Psychology were one-day essentially</p> <p>13 workshops or conferences that are -- we get</p> <p>14 continuing education credits for. Usually it's</p> <p>15 either six or seven credits.</p> <p>16 So it's an -- these are all day. I don't</p> <p>17 think any of them were two days. I'm just looking.</p> <p>18 No, they were all one-day workshops or conferences.</p> <p>19 Q. Do you know how many of those one-day</p> <p>20 workshops or conferences you've been to that you</p> <p>21 mentioned here with regard to your forensic psych</p> <p>22 evaluation work?</p>	<p style="text-align: right;">Page 40</p> <p>1 you mean by that?</p> <p>2 A. Both. There are times that I have -- I go</p> <p>3 to other people's lectures, but these are</p> <p>4 essentially hour and a half like symposiums where</p> <p>5 I've been asked to either be a part of a panel or</p> <p>6 I'm the person, the primary person for the hour and</p> <p>7 a half, and it's talking about issues of trauma, how</p> <p>8 to evaluate for trauma, how trauma affects people,</p> <p>9 particularly in the context of immigration or</p> <p>10 asylum.</p> <p>11 Q. Okay. And I count that you've described</p> <p>12 four of those one-and-a-half type symposiums or</p> <p>13 meetings; is that right?</p> <p>14 A. Well, I've probably done more than that</p> <p>15 because I've done several. Like, for instance, the</p> <p>16 Loyola Center for the Human Rights of Children, I've</p> <p>17 done several for them over the years. I've done</p> <p>18 webinars for the Young Center also.</p> <p>19 So I've probably done -- let's see. I did</p> <p>20 one for the Physicians for Human Rights. I did one</p> <p>21 for the Vera Institute of Justice; that was in</p> <p>22 Arizona. For the Young Center I've done probably</p>
<p style="text-align: right;">Page 39</p> <p>1 A. Well, each of these was one day, so the</p> <p>2 assessment of trauma -- I'm sorry, the one on</p> <p>3 psychological assessment and testimony was one day.</p> <p>4 Trauma and emotional injury was one day. And then</p> <p>5 the next part goes into the American Academy of</p> <p>6 Forensic Psychology.</p> <p>7 So the comprehensive assessment of</p> <p>8 feigning was one day, report writing was one day,</p> <p>9 the one on immigration proceedings was one day. So</p> <p>10 I guess that would be a total of five.</p> <p>11 Q. Okay. And then are you stopping that</p> <p>12 count at the sentence that starts by "I have done</p> <p>13 training for"?</p> <p>14 A. That's right, yes.</p> <p>15 Q. Okay. So the paragraph up to that point</p> <p>16 describes the five one-day trainings you've been to,</p> <p>17 and then you say "I have done trainings for</p> <p>18 Physicians for Human Rights" and you go on?</p> <p>19 A. Yes, yes.</p> <p>20 Q. Okay. And so when you say "I have done</p> <p>21 training for," does that mean that you've taught the</p> <p>22 trainings or participated in the trainings? What do</p>	<p style="text-align: right;">Page 41</p> <p>1 three, and Loyola I've probably done at least three.</p> <p>2 Q. So total can you give me a ballpark idea</p> <p>3 of how many of those you've done?</p> <p>4 A. So I guess probably around eight.</p> <p>5 Q. Okay. And you mentioned that the Young</p> <p>6 Center is in Chicago.</p> <p>7 They have an office in D.C. too, right?</p> <p>8 A. They actually have several offices. They</p> <p>9 started right around I believe it was 2004. They've</p> <p>10 expanded in the last several years. They have an</p> <p>11 office in Arlington, Texas; they have an office in</p> <p>12 Washington, D.C., I believe one in New York now as</p> <p>13 well. And there might be another one.</p> <p>14 Q. And did you initially get involved in this</p> <p>15 case through the Young Center?</p> <p>16 A. Well, indirectly. In other words, Doe 1,</p> <p>17 I was asked to evaluate Doe 1 by the Young Center,</p> <p>18 so that's how I got involved. And then after that</p> <p>19 was done, then I got involved with the civil case.</p> <p>20 Q. Did you get involved in the other four</p> <p>21 civil cases that we talked about that are listed in</p> <p>22 Appendix C through the Young Center as well?</p>

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1 A. No, the other four civil cases, no. They
2 were totally separate from the Young Center.
3 Q. Okay. Is forensic psych a specialty
4 recognized by the American Psychological
5 Association, a subspecialty?
6 A. Yes, it is.
7 Q. Is there a separate board certification
8 that you can get for forensic psychology?
9 A. Yes, there is.
10 Q. Do you have that subspecialty
11 certification?
12 A. I do not.
13 Q. Any particular reason why not?
14 A. I -- again, when I was working at Cook
15 County Hospital, like I said, I got involved with
16 this work. You know, my primary purpose for being
17 there was to obviously treat people and work in a
18 lot of different medical settings. And, again, I've
19 been doing this work for a long time. The ABPP
20 certification you're talking about as the
21 professional certification is not a required
22 certification. It's highly recommended. And it's

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1 simply just been a matter of, you know, not having
2 time to do that, and I've been able to get a lot of
3 my training through workshops that I've gone to.
4 So I'm not certified in that, but many
5 people that do forensic work are not certified. My
6 guess is that will change over the next several
7 years. It will probably be a requirement.
8 (Exhibit 2 was marked for
9 identification.)
10 BY MS. HAYNES:
11 Q. Understood. Doctor, if you could turn
12 to -- in front of you there should be Exhibit 2, and
13 at the top it should say Appendix B.
14 A. All right.
15 Q. And my understanding is that this is the
16 list that you made of the documents you reviewed in
17 writing your September 11th, 2018 report; is that
18 right?
19 A. That's right.
20 Q. Okay. I just want to go through this list
21 and ask you a few questions about what you reviewed.
22 The first four are the declarations of

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1 Plaintiffs John Doe 1 through 4, right?
2 A. That's right.
3 Q. And do you -- I mean, what was your
4 understanding of the drafting of those documents?
5 Who drafted them and for what purpose?
6 A. My understanding was that either the
7 lawyers that I worked with or some of their I don't
8 know if it would be paralegals or people that worked
9 with them evaluated these youth, either in the
10 detention center or -- I assume it was in the
11 detention center or somewhere else and took their
12 report, and then had it recorded and written up --
13 well, not recorded but had it written up. Actually
14 I don't know if it was recorded or not. I'm not
15 aware of that.
16 Q. Okay. And my understanding is that you've
17 met John Doe 1 and John Doe 4 but not John Does 2 or
18 3, right?
19 A. That's correct.
20 Q. Okay. And so when you met John Doe 1 and
21 John Doe 4, did you review their declarations with
22 them?

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1 A. I did.
2 Q. You did?
3 A. Yes.
4 Q. And in what way or what was the purpose of
5 reviewing the declaration with them?
6 A. Mostly to get clarifications of areas that
7 appeared to perhaps be inconsistent or that were
8 rather vague. So if they're telling me one thing --
9 I'd have to look at them specifically to give you an
10 example, but if they told me something that didn't
11 seem to be consistent with what was in the report or
12 just seemed much vague, I would say, well, here, you
13 know, you apparently reported to your lawyer or
14 whatever and I'm confused about the difference and
15 see what response they would give me.
16 Q. Did you go through any exercise with
17 regard to comparing these declarations to other
18 documentation, charts or ORR files?
19 A. Yes.
20 Q. And so how did you go about doing that?
21 A. Well, for John Doe 1 in particular, since
22 that was the first one I was really involved with

<p style="text-align: right;">Page 46</p> <p>1 and the most extensive, I was given his ORR file, so 2 I was able to look at case management notes, 3 progress notes, various reports that were done by 4 other professionals, physicians. I'm trying to 5 think if there's anything else. 6 I think those were the main -- incident 7 reports, what are called SIRs, the serious incident 8 reports, I was able to look at those and the same 9 for Doe 4. 10 Q. What about John -- 11 A. I'm sorry. 12 Q. I'm sorry, go ahead. 13 A. With Doe 4 I did the same thing. 14 Q. What about -- 15 A. Yeah, I was able to look at similar types 16 of things for Doe 4. 17 Q. What about with John Does 2 and 3? 18 A. No. All I was able to look at -- I have 19 to think for a minute. I believe it was just their 20 declaration. I may have been given -- you know 21 what, can I look back to trigger my memory on that? 22 I know I looked -- I did not evaluate them, so</p>	<p style="text-align: right;">Page 48</p> <p>1 what was reported in the documentation? 2 A. Yes. Yes, there were. 3 Q. And how do you reconcile or deal with 4 those disparities? 5 A. Are you talking about for Does 2 and 3 or 6 just any of the Does? 7 Q. Well, how about we start with any of the 8 Does and then we will talk about 2 and 3. 9 A. Well, if I was aware of that while I was 10 evaluating, like for instance Doe 1, I was aware of 11 many of the allegations against him, and so -- or 12 many of the reports. He had a number of SIRs, and 13 so I was able to ask about that and get 14 clarification from his perspective as to what 15 happened, and in his case he admitted he was a very 16 angry kid who acted out a lot. 17 So there was, you know, a fair amount of 18 consistency there. 19 For Doe 4, I should say that many of his 20 records due to nobody's fault just came in late, 21 came in right at the end when this initial report 22 had already been given. And it was a large amount,</p>
<p style="text-align: right;">Page 47</p> <p>1 that's part of it. 2 Q. Take your time. 3 A. Yes. So as the case developed I did get 4 records for Does 3 -- when I say "records," ORR 5 records for Does 2 and 3. So I was able to look at 6 again disciplinary reports, progress notes if they 7 were available, medical reports, any medical reports 8 that were available. 9 Q. And in addition to looking at those 10 documents, did you compare them side by side with 11 their declarations, or did you just review both? 12 A. Well, I did both. Sometimes it was just a 13 general sense, and other times I tried to look at -- 14 especially if there were dates that lined up, I 15 tried to look at what was reported perhaps by the 16 youth and then what was reported by the Center, by 17 the facility. 18 So not in every single case, but I did try 19 when I could to look for, you know, comparing apples 20 to apples. 21 Q. Were there instances where there were 22 disparities between what was in the declaration and</p>	<p style="text-align: right;">Page 49</p> <p>1 so I didn't really get to review that until later. 2 So when I saw Doe 4 I didn't have access 3 in the same way that I did for Doe 1, so I wasn't 4 able to compare to him, but I still tried to look at 5 those consistencies. And the same for 2 and 3, who 6 I did not evaluate, and just tried to make sense of 7 that. 8 And, again, on the one hand, it could very 9 well be the kids were not being fully honest about 10 what happened. It could be there was some kernel of 11 truth and it was distorted in some way. I'm not 12 sure that the staff were always being honest either. 13 So I was just trying to make sense in any 14 given situation as to what I felt may have happened. 15 Q. Can you think of specific instances where 16 you weren't sure if staff were being honest? 17 A. There are. Again, I would need to look at 18 my report. There are -- I mean, again, that's part 19 of what I tried to put in my report was, again, 20 concerns that I had. But yeah, I can give you 21 examples if you want. 22 Q. Please do.</p>

<p style="text-align: right;">Page 50</p> <p>1 A. Can I look at this report?</p> <p>2 Q. And if you want to, we can -- well, sure.</p> <p>3 Let's go ahead and do that. We can go through it</p> <p>4 now if you can think of specific paragraphs that are</p> <p>5 coming to mind for you. Take your time and take a</p> <p>6 look. I think it's Exhibit 3 in front of you.</p> <p>7 A. Okay.</p> <p>8 Q. Doctor, this particular exercise might</p> <p>9 take a few minutes I imagine. Is it okay if we take</p> <p>10 a five-minute comfort break?</p> <p>11 A. That's fine. I'm fine with that.</p> <p>12 MS. HAYNES: Okay.</p> <p>13 (Whereupon, a recess was taken</p> <p>14 from 10:20 a.m. to 10:27 a.m.)</p> <p>15 BY MS. HAYNES:</p> <p>16 Q. Dr. Lewis, before we took this break, I</p> <p>17 had asked you if you could point me to places in</p> <p>18 your report where you felt like the staff were not</p> <p>19 being truthful, and before we go through that I</p> <p>20 wanted to ask you. I think you mentioned it was</p> <p>21 John Doe 1 you had an opportunity to ask for</p> <p>22 clarification with respect to parts of his</p>	<p style="text-align: right;">Page 52</p> <p>1 documentation are true or untrue. It was just</p> <p>2 pleasantries?</p> <p>3 A. That's right.</p> <p>4 Q. So when you say there are parts of the</p> <p>5 record where you feel that staff were being</p> <p>6 untruthful, you're relying on your own review of the</p> <p>7 documentation and your interviews with John Doe 1 or</p> <p>8 4, is that fair, or just with John Doe 1?</p> <p>9 A. Well, it would probably be with all the</p> <p>10 Does. It's just that with 1 and 4 I was able to ask</p> <p>11 them about it if I was aware of the discrepancies.</p> <p>12 Again, for 1 I was aware of much of this; for 4 I</p> <p>13 was not when I saw him. I knew what was reported,</p> <p>14 but I hadn't had a chance to review extensively the</p> <p>15 documents for him.</p> <p>16 And for 2 and 3 I never got to evaluate</p> <p>17 them, but I could see what was alleged, for</p> <p>18 instance, in their declaration versus what was said</p> <p>19 in some of the other reports that I looked at later.</p> <p>20 Q. Okay. And did you find parts of their</p> <p>21 declaration -- much like you found parts of the</p> <p>22 documentation where you felt staff were not being</p>
<p style="text-align: right;">Page 51</p> <p>1 declaration because you had him in front of you.</p> <p>2 Did I understand that correctly?</p> <p>3 A. That's correct.</p> <p>4 Q. Were you able or did you undertake any --</p> <p>5 were you able to do that with the staff at the</p> <p>6 Center?</p> <p>7 A. No.</p> <p>8 Q. Did you talk to any of them?</p> <p>9 A. Well, when I went -- not for Doe 1 I did</p> <p>10 not, no.</p> <p>11 Q. Okay. What about for any of the -- for</p> <p>12 John Does 2, 3 or 4?</p> <p>13 A. For Doe 4 I did evaluate him at</p> <p>14 Shenandoah. So when you say talking to the staff,</p> <p>15 just in terms of, you know, courtesy and just</p> <p>16 getting let into the facility and getting</p> <p>17 comfortable in the room, so just had a conversation</p> <p>18 with them but nothing, nothing of substance.</p> <p>19 Q. Okay. So I'm taking from you that to mean</p> <p>20 that you're sort of interactions with them didn't</p> <p>21 have any bearing on whether you think parts of the</p> <p>22 declarations are true or untrue or parts of the</p>	<p style="text-align: right;">Page 53</p> <p>1 truthful, did you find that to be true with the</p> <p>2 declarations as well with respect to John Does 1</p> <p>3 through 4?</p> <p>4 A. Yeah. So let me -- yeah, I think it's</p> <p>5 good to talk about just general and then get into</p> <p>6 specifics.</p> <p>7 So, you know, just in general, if you've</p> <p>8 got somebody reporting something to you and you</p> <p>9 don't have any corroboration of that, one</p> <p>10 possibility is they're telling the truth; one is</p> <p>11 that they're lying or not telling the truth or</p> <p>12 exaggerating; or, you know, maybe there's some</p> <p>13 kernel of truth there.</p> <p>14 And I guess the same for the staff</p> <p>15 records. It could be all totally accurate. It</p> <p>16 could be things were left out. It could be some</p> <p>17 elements of truth. So, again, I was trying to be</p> <p>18 fair to look at that.</p> <p>19 So, for instance, well, I can give you --</p> <p>20 well, a couple of examples that come to mind. I</p> <p>21 believe it was in Kelsey Wong's -- I believe it was</p> <p>22 her affidavit or her notarized statement that -- I</p>

<p style="text-align: right;">Page 54</p> <p>1 think it was a notarized statement that points are 2 never I think she said taken away. I don't have her 3 document here, but she was going through the 4 protocol and the procedures and policies. 5 After talking to a number of these kids, 6 and I could look specifically for Doe 1, but it's 7 clear that in my view that there were times that 8 points were taken away. There were several 9 references, and I can come up with specific examples 10 here in a minute, where behavioral levels were lost 11 as a result of a behavior where they lost all their 12 levels. 13 And so for me, you know, I don't want to 14 say that's a lie, but clearly I didn't feel that was 15 accurately portrayed. 16 I think I did feel that there was some 17 misinterpretation on the part of some of the youths 18 that, for instance, if they were to get points for 19 doing something positive and they didn't do that 20 positive thing they would lose a point that they had 21 not already obtained, and I came to understand that 22 as I reviewed these records. However, there were</p>	<p style="text-align: right;">Page 56</p> <p>1 clear when they're supposed to get points. Other 2 times it seemed to me from a number of these kids 3 that it was up to the staff and their own discretion 4 of whether they give points for this or that, and 5 that's been my main concern here with the point 6 system. 7 Q. Okay. 8 A. I think there was one -- 9 Q. Let me stop you there for a second -- I'm 10 sorry, go ahead. 11 A. No, no. 12 Q. Let me stop you there for just a second. 13 So my understanding is that the policy 14 with regard to the point system changed in 15 August 2016. 16 Is that your understanding too? 17 A. I don't -- I believe so. I know there 18 were a number of changes in 2016, I think somewhere 19 in the summer or fall, but I don't know for sure 20 about that system. 21 Q. Okay. And just to make sure I understand, 22 you never talked to Ms. Wong in any substantive</p>
<p style="text-align: right;">Page 55</p> <p>1 times, and I think I could point to some specific 2 documents, where behaviors that had already been 3 earned points for that those points were then taken 4 away. And for me that's a difference. And I felt 5 that in that case staff were not being fully honest 6 about the fact that some points were taken away from 7 these kids and they lost all their behavioral 8 levels, not for not having done something but for 9 having done something that they'd already earned 10 points for, and for me that was a difference. 11 So, again, I tried to be fair. I do think 12 the kids distorted in some of these situations. 13 My big concern with a point system -- 14 because it's actually appropriate to have a point 15 system, it's a positive system, and I'm totally in 16 favor of that. Other places where I'm familiar 17 with, even at Cook County Juvenile Center here in 18 Chicago use that type of system. 19 My main concern is I think it's used 20 inconsistently and in an arbitrary fashion as to 21 when these kids can earn their points and when 22 they're taken away. I think certain things are</p>	<p style="text-align: right;">Page 57</p> <p>1 fashion? 2 A. I did not. 3 Q. Okay. And that's true for all of the 4 staff at the Center? 5 A. Yes, that's true. 6 Q. Okay. Before we get into the details of 7 your report, I want to ask you a few more questions 8 about Exhibit 2, which is Appendix B to your report. 9 That's the list of documents. 10 Do you have that in front of you? 11 A. I do. 12 Q. Okay. I think we talked about 1 through 13 4. 14 And then Number 5 is your forensic 15 psychological assessment of John Doe 1 dated 16 October 10th, 2017? 17 A. Yes. 18 Q. And I have two of those. I have one dated 19 October 10th, 2017, and one dated October 17th, 20 2017. 21 Do you -- why are there two? 22 A. And I wasn't sure which ones you had. I</p>

<p style="text-align: right;">Page 58</p> <p>1 think initially I submitted the one for the 10th, 2 and then later we were asked to submit all of them. 3 So there were -- initially I was asked to 4 evaluate Doe 1 through the Young Center for his 5 immigration case; in other words, to make 6 recommendations about what types of 7 psychiatric/psychological problems he was having, 8 what my recommendations were for treatment because 9 they weren't sure what recommendations for him would 10 be best. 11 I was also then asked -- the CAIR 12 organization, the Capital -- I forget what it stands 13 for, Capital Area Immigrants Rights, CAIR, Coalition 14 also got involved after I talked to the Young Center 15 and asked if I would do a competency evaluation on 16 Doe 1 for the court because they weren't sure if he 17 was capable of even functioning in the courtroom 18 setting to work with his lawyers. 19 So I was asked to do two. Initially they 20 asked me to do one report, and after evaluating him 21 I just said to them I can't -- these are two very 22 different things; I need to do two separate reports.</p>	<p style="text-align: right;">Page 60</p> <p>1 Do you know if you reviewed -- 2 A. I did not. 3 Q. -- some or all of those? 4 A. I did not have access to any of those, no. 5 Q. So you think Ms. Wong's is the only one 6 that you reviewed? 7 A. I believe so, yes. 8 Q. And then Number 9 through 12 are ORR SVJC 9 records for Plaintiffs John Does 1 through 4. 10 Can you tell me a little bit -- I mean, 11 were they the entire files? Were they parts of the 12 files? What did you review for John Does 1 through 13 4? 14 A. Essentially I don't think it was the 15 entire file for any of them. That would have been 16 pretty overwhelming, and there were certain things 17 that were irrelevant. 18 So it would be things like disciplinary 19 reports, serious incident reports, if they had 20 progress notes available, case management notes, any 21 medical or psychological evaluations that were done 22 that they had access to or -- yes, that were</p>
<p style="text-align: right;">Page 59</p> <p>1 So I forget which one was which. I 2 believe the competency report was the one for the 3 10th and the immigration or the trauma or the 4 treatment recommendations report I believe was the 5 later one. 6 Q. Okay. And then number 6 is the -- 6 and 7 7 are the Complaint and the First Amended Complaint. 8 Do you know if you've seen a Second 9 Amended Complaint? 10 A. Yes, I believe, yes. That probably should 11 have been included on here too. 12 Q. Okay. And then Number 8 is the 13 Defendant's Brief in Opposition to the Plaintiffs' 14 Motion for Preliminary Injunction. 15 Did you also review the materials attached 16 to that brief? You referenced Ms. Wong's statement. 17 Did you review the remainder of them? 18 A. I forget. What else besides Ms. Wong? 19 There were other ones you said. 20 Q. Yes. I think there were affidavits for 21 Ms. Wong, Ms. Gallardo, Ms. Twigg, Ms. Rocks and 22 Ms. Contreras.</p>	<p style="text-align: right;">Page 61</p> <p>1 included as part of the record. 2 I had much more for John Doe 1 than I did 3 for the others. Doe 4, again, a lot came in, but it 4 came in literally days before I submitted the 5 report. So I did review some of his records prior 6 to submitting the report but was not able to look at 7 a lot of it until afterwards. 8 Q. And John Doe 1 is the only one that you 9 were able to review the documentation in a time in a 10 way that you could talk about the documentation with 11 him, right? 12 A. That's right. 13 Q. With John Doe 4 you didn't have that 14 opportunity because you would have evaluated him 15 before you got those records? 16 A. Well, I mean, I knew some things. I just 17 wasn't able to do it in as comprehensive a way. 18 And I should say too that the initial 19 report, the initial evaluation that I did on Doe 1, 20 even though it was a forensic evaluation because it 21 just wasn't -- again, I was not involved in the 22 civil case at all at that point. So it was forensic</p>

<p style="text-align: right;">Page 62</p> <p>1 in the sense that it was for immigration and for the 2 competency question that the judge needed help with, 3 so it was forensic in that there was a psycho-legal 4 question being asked, but I wasn't -- I didn't have 5 the mind set of a civil case at that point. 6 So, again, I mean, all I can say is that's 7 part of why I didn't compare and contrast as much 8 even with Doe 1. 9 So I was aware of things, and I just 10 routinely do that anyway, but it wasn't a part of 11 the civil case. It was simply immigration and 12 competency at that point was the primary focus. 13 So I didn't ask as much about his 14 experience in detention. I mean, I did ask about it 15 because I needed to know that, and I could see that 16 he was struggling and there had been a lot of 17 reports of aggression, so I needed to understand 18 that. So in general I did that, but it wasn't like 19 a fine-tooth comb where I was going through a lot of 20 specifics with one. There just wasn't time. It was 21 a two-day evaluation, and I just didn't have time to 22 do all of that, so just so I'm clear on that.</p>	<p style="text-align: right;">Page 64</p> <p>1 four other youths that I did not evaluate personally 2 but I reviewed their declarations only. 3 I'd have to go back and look and see what 4 I got in terms of other records for them. I'm not 5 sure I had very much. I don't think I had much in 6 terms of records to look at other than their 7 declarations. 8 Q. Is there a reason you didn't list those 9 declarations along with the other declarations on 10 this appendix? 11 A. Part of what I wasn't sure about when we 12 submitted this was I was under the assumption that 13 the original report I had done was -- well, actually 14 this -- I've got to get -- refresh my memory as to 15 which -- yeah, was that I assumed that that was 16 going to be submitted separately from this. So I 17 assumed that was already known, so I just didn't 18 include it here. 19 Q. So you intended Appendix B to be 20 supplemental to whatever you listed in your first 21 report? 22 A. I did, originally I did, yes, yes.</p>
<p style="text-align: right;">Page 63</p> <p>1 Q. Yes, thank you for the explanation. 2 Did the materials for these minors contain 3 documentation for other facilities, or were they 4 just Shenandoah documents? 5 A. I'd have to look at each of them 6 specifically, but yes, they either referenced the 7 other facilities without including those records. 8 In some cases they actually had records from those 9 facilities. 10 I believe Doe 4, for instance, there were 11 records from Children's Village and from -- and they 12 were not ORR records that I had from Children's 13 Village. They were through the care -- no, I'm 14 sorry, they were through Catholic Charities in his 15 case, in that case. 16 So mostly they were Shenandoah records 17 primarily. 18 Q. Did you review documentation for any minor 19 besides John Does 1 through 4? 20 A. Yes. Or I reviewed declarations. I'd 21 have to look at the original report that I did. 22 There were -- yes, I believe there were three, maybe</p>	<p style="text-align: right;">Page 65</p> <p>1 Q. Okay. So you believe you might have 2 reviewed three or four declarations from other 3 unaccompanied children besides 1 through 4, right? 4 A. I know it was at least three, and it might 5 have been four, yes. 6 Q. And I think you said some limited 7 documentation with respect to those other UCs; is 8 that fair? 9 A. Because it wasn't a big focus in this last 10 report, I'd have to go back and -- yeah, it was very 11 limited, if any, documentation other than the 12 declarations. I'm not sure I had -- I'd have to go 13 back and look. 14 Q. And I don't think, in reading your report, 15 I don't think that you reached any conclusions with 16 respect to unaccompanied children specifically with 17 respect to a specific child besides John Does 1 18 through 4. 19 Is that consistent with your 20 understanding? 21 MS. LIEBERMAN: Object to form. 22</p>

<p style="text-align: right;">Page 66</p> <p>1 BY MS. HAYNES:</p> <p>2 Q. Let me try again because I'm trying to</p> <p>3 understand where these other declarations came into</p> <p>4 your opinions.</p> <p>5 So I didn't see in your report -- you</p> <p>6 discussed sort of assessing of trauma on children</p> <p>7 and on immigrant children in particular generally.</p> <p>8 A. Right.</p> <p>9 Q. But I did not see a conclusion or an</p> <p>10 opinion with respect to a specific child other than</p> <p>11 with respect to 1 through 4.</p> <p>12 Am I right in reaching that conclusion?</p> <p>13 A. Yes. In other words, those four are</p> <p>14 listed in here and very specifically to them. But</p> <p>15 with that said, I mean, all of them, primarily</p> <p>16 these, but all of them factored in to some extent in</p> <p>17 my conclusions, but I just didn't specifically --</p> <p>18 because I didn't have enough to go on to make any --</p> <p>19 again, there was inconsistencies, but I had no -- I</p> <p>20 mean, I couldn't evaluate them, so I just felt like</p> <p>21 I really couldn't say as much about them, whereas 2</p> <p>22 and 3 I had substantial records for so I felt like</p>	<p style="text-align: right;">Page 68</p> <p>1 to produce a report.</p> <p>2 Q. So more like a consultation, right?</p> <p>3 A. Consultation type of thing, yes.</p> <p>4 Q. So it sounds like it's fair to say that</p> <p>5 you've never reached conclusions about an individual</p> <p>6 that you've put in a report that was submitted in a</p> <p>7 case without evaluating that person in person,</p> <p>8 right?</p> <p>9 MS. LIEBERMAN: Objection to form.</p> <p>10 BY MS. HAYNES:</p> <p>11 Q. Let me try to make it a little clearer.</p> <p>12 You've consulted on cases and reviewed</p> <p>13 records regarding unaccompanied children or minors</p> <p>14 that you didn't meet personally, right?</p> <p>15 A. Yes.</p> <p>16 Q. But you've never put opinions in a report</p> <p>17 about a specific child in a civil case without</p> <p>18 evaluating that child in person?</p> <p>19 A. I'm just thinking for a moment.</p> <p>20 Q. Until now. Yes. Take your time.</p> <p>21 A. I believe that's correct.</p> <p>22 I believe that's correct, yes.</p>
<p style="text-align: right;">Page 67</p> <p>1 there was some means of comparison.</p> <p>2 Q. Fair enough. So let me ask you while</p> <p>3 we're on this subject.</p> <p>4 John Does 2 and 3 you've reviewed you</p> <p>5 think sufficient documentation to reach an opinion</p> <p>6 about their care, right?</p> <p>7 A. I believe so.</p> <p>8 Q. But you haven't met them, right?</p> <p>9 A. That's right, right.</p> <p>10 Q. Do you -- have you done forensic -- in</p> <p>11 other cases have you reached opinions about</p> <p>12 individuals without evaluating them?</p> <p>13 A. I need to think about that for a moment.</p> <p>14 Q. Sure. Take your time.</p> <p>15 A. I don't -- I've often been asked to</p> <p>16 consult, you know, perhaps by a lawyer or another</p> <p>17 clinician on cases but did not submit any formal</p> <p>18 reports. I never went before the court; I never had</p> <p>19 to testify.</p> <p>20 So render an opinion, I guess it would be</p> <p>21 more informal or consultive, but not in terms of</p> <p>22 legal. It never went to court. I was never asked</p>	<p style="text-align: right;">Page 69</p> <p>1 Q. Okay. Almost through our list in</p> <p>2 Exhibit 2.</p> <p>3 Number 13 are the CAIR records for</p> <p>4 John Doe 4, which I think you referenced before.</p> <p>5 A. That's right.</p> <p>6 Q. Do you know what -- and I think you said a</p> <p>7 couple times you got more, is it fair to say you got</p> <p>8 more records for John Doe 4 than for the other</p> <p>9 three?</p> <p>10 A. Yes. I mean, about 2,000 pages came in</p> <p>11 towards right before we submitted this last report.</p> <p>12 I had a lot for Doe 1. I don't know if it was</p> <p>13 2,000, but it was considerable. But yes, Doe 4 I</p> <p>14 had much more.</p> <p>15 Q. Do you know about how much documentation</p> <p>16 you had for John Doe 4 when you evaluated him, which</p> <p>17 I think was in July, this past July?</p> <p>18 A. Well, I believe all the documentation had</p> <p>19 been given to me. It was just a matter of timing in</p> <p>20 terms of -- well, actually July, I'd have to go back</p> <p>21 and look as to when I got -- no, let me take that</p> <p>22 back. The bulk of it did not come in until a week</p>

<p style="text-align: right;">Page 70</p> <p>1 or whatever, a few days before we submitted the last 2 report.</p> <p>3 I'd have to go back and look. I don't 4 know. I don't know the answer to that.</p> <p>5 Q. Okay.</p> <p>6 A. If I could look at Doe 4 for a minute, I 7 could probably recollect. Is that --</p> <p>8 Q. Sure.</p> <p>9 A. If I could do that?</p> <p>10 Q. Take your time.</p> <p>11 A. Okay.</p> <p>12 So I actually had a lot of the I guess it 13 was the clinical evaluations that had been done on 14 him. I was aware of -- so I have a fair amount. 15 Again, a large amount came in right before we 16 submitted this, but I also had a fair amount at that 17 point in terms of clinical evaluations, the care 18 records. So I was able to ask about those things 19 with him.</p> <p>20 What I didn't have as much of at that 21 point were progress notes or I didn't review 22 progress notes and case management because they were</p>	<p style="text-align: right;">Page 72</p> <p>1 were other things there. I'm just trying to think 2 if there were other primary documents where other 3 things were submitted to me.</p> <p>4 Q. So to make it easier, if I confine it to 5 other documents you've reviewed that are not on 6 Appendix B but were significant to you in writing 7 your report and reaching your conclusions.</p> <p>8 A. Okay, yes.</p> <p>9 Q. So are there any that you can think of 10 that are not on this list?</p> <p>11 MS. LIEBERMAN: That were significant to 12 the report?</p> <p>13 MS. HAYNES: Right.</p> <p>14 THE WITNESS: I would say the significant 15 ones are listed here, and I believe that it's 16 complete. I'm just trying to think if there's 17 anything I reviewed because, again, some things came 18 in right at the deadline, and I have looked at 19 those.</p> <p>20 So the expert witness, that we got, report 21 I looked at later, so that was not a part of this, 22 the expert from the Government. I'm talking about</p>
<p style="text-align: right;">Page 71</p> <p>1 just voluminous, and I had to get this evaluation 2 done because of timing. So that factored in later 3 when I reviewed those in more detail and then added 4 that to the report.</p> <p>5 So I had a fair amount of clinical 6 information and, you know, when I did the initial 7 evaluation.</p> <p>8 Q. Okay. Thank you for looking back to 9 clarify that.</p> <p>10 And then the last item on Appendix C [sic] 11 is your supplemental report dated April 3rd, 2018, 12 right?</p> <p>13 A. Yes, yes.</p> <p>14 Q. I think we talked about the Second Amended 15 Complaint, which you have reviewed and it's not on 16 here, and declarations of three or four other 17 unaccompanied children that you remember reviewing.</p> <p>18 Are there other documents you've reviewed 19 that are not on this list?</p> <p>20 A. I don't -- I'm trying to think. Like you 21 mentioned, like I wasn't aware that there were these 22 other documents attached to the Wong, that there</p>	<p style="text-align: right;">Page 73</p> <p>1 the Nelson report. That came later. I did review 2 that.</p> <p>3 I think if I could just take one second 4 and look, see if there's anything that I brought 5 that I didn't include here because I didn't bring 6 all the documents but I brought the main ones. I 7 included that, included this.</p> <p>8 BY MS. HAYNES:</p> <p>9 Q. And, Dr. Lewis, if you wouldn't mind kind 10 of as you're going through that just generally 11 telling me what you have.</p> <p>12 A. Sure. Well, this is Exhibit B, what we're 13 looking at right now. Well, I'm not sure why it's 14 Exhibit B, but September 11, so it's just that 15 report.</p> <p>16 I think this was the report -- which one 17 was this? This was -- some of these are duplicates. 18 I'm sorry, I've got to find the front of it here.</p> <p>19 Okay. This is Ann Nelson's report, but 20 this came later. That was not a part -- I wasn't 21 sure if you were going to ask about that today so I 22 brought that. I wasn't sure if I had access to it,</p>

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1 but that was not included here.

2 This we have. This is the supplemental

3 report.

4 Q. The April 3rd, 2018 report?

5 A. Yes, April 3rd, 2018.

6 The -- well, this is just an article that

7 I had with me that I was reviewing on the use of

8 restraints.

9 Q. What is that article?

10 A. I believe I referenced it in here. It's

11 by Kennedy and Mohr, M-o-h-r. It's called A

12 Prolegomenon on Restraint of Children: Implicating

13 Constitutional Rights. It is referenced in my

14 report.

15 This was Dr. Gorin's evaluation of Doe 4,

16 which I had not reviewed. I reviewed after. I did

17 not review that when I did the report. I reviewed

18 it afterward because it came in late.

19 This is an article on again utilizing

20 restraints.

21 Is that for you?

22 Q. Which one is that?

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1 A. It's by Day. Let's see, Examining the

2 therapeutic utility of restraints and seclusion with

3 children and youth: the role of theory and research

4 in practice. I'm quite sure I referenced it in my

5 report.

6 And the last one is -- this is the one I

7 submitted on February 27th, which I thought was

8 originally -- I thought that's why I didn't include

9 some of the things in my appendix. This is dated

10 February 27th, 2018. It was the original, the first

11 report that I did, and it lists in that one a lot of

12 the records that I had for John Doe 1, case

13 management and progress notes, clinical addendums,

14 medical evaluations, and various other psychological

15 evaluations that were done.

16 Q. And just so we're clear, your intention

17 was that the documents you listed in that

18 February 27th report are in addition to the

19 documents listed here on Appendix B?

20 A. Yes.

21 Q. Okay.

22 A. Yes, and there again, there are three

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1 declarations listed here, so I said it was either

2 three or four. It was three that were listed in

3 Appendix A: The declaration of [REDACTED], declaration of

4 [REDACTED], and declaration of [REDACTED]. They were also --

5 they were all from January of 2018. So I assumed

6 that was part, that that was already submitted.

7 Q. Okay.

8 A. And that's all.

9 Q. Okay. Let me ask you this: Your report

10 in a couple of places mentions some Shenandoah

11 policies.

12 Did you review policies of the Center?

13 A. As much as I could, yes. I mean, there's

14 a lot of policies, but the ones that seemed relevant

15 to what I was looking at, like use of force,

16 behavioral management I reviewed in a fair amount of

17 detail.

18 Q. Okay. I don't have your February 27th

19 report in front of me.

20 Did you list policies as documents you

21 reviewed in that report?

22 A. February 27th, that was the -- was that

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1 our first report?

2 Q. Yeah, that was the one that you just had.

3 A. No, because I didn't -- I'm just trying to

4 think for a minute.

5 No, I did not have access to the policies

6 at that point.

7 Q. Okay. Do you remember when you got access

8 to the policies?

9 A. Specific date, no, but it would have

10 been -- well, let's see. The last report was

11 submitted in September, so a couple of months.

12 Let's see.

13 I don't remember exactly, but, I mean, I

14 had it for quite a while, maybe August or -- no, it

15 would have been probably at least July.

16 Q. Did you have all of the Center's policies,

17 do you know, or was it a subset?

18 A. That I don't know. I know there was quite

19 a bit there because I was also sent records of some

20 of the kids that I evaluated and some that I didn't

21 evaluate. So there was a lot there, but I can't say

22 if I thought it was all of the policies, but it was

<p style="text-align: right;">Page 78</p> <p>1 a lot.</p> <p>2 Q. And is there any particular reason that</p> <p>3 you didn't list the policies in Appendix C?</p> <p>4 A. In terms of the last report that we just</p> <p>5 did --</p> <p>6 Q. Yes, sir.</p> <p>7 A. -- to the last report?</p> <p>8 Q. To Exhibit 2.</p> <p>9 A. No, I would say simply an oversight. I</p> <p>10 mean, I guess by referencing it I was assuming it</p> <p>11 was kind of known, but yeah, I think simply an</p> <p>12 oversight.</p> <p>13 Q. Okay. You referenced Dr. Nelson's report,</p> <p>14 which I think you said you reviewed.</p> <p>15 A. I did, after the report, after this report</p> <p>16 was submitted, yes.</p> <p>17 Q. Right. Did you review reports of any</p> <p>18 other experts in the case, whether for the plaintiff</p> <p>19 or the defendant?</p> <p>20 A. I -- for the defendant I don't -- I didn't</p> <p>21 see any. I think Ann Nelson was the only expert</p> <p>22 report that I saw for the defendant.</p>	<p style="text-align: right;">Page 80</p> <p>1 A. No. This is the first time hearing of it.</p> <p>2 Q. So it sounds like Dr. Weisman and</p> <p>3 Ann Nelson's reports are the only other expert</p> <p>4 reports you've reviewed?</p> <p>5 A. I believe so, yes.</p> <p>6 Q. Okay. I want to turn to Exhibit 3, which</p> <p>7 is your September 11th, 2018 report, and I wanted to</p> <p>8 start on Page 1 with your Executive Summary.</p> <p>9 A. Okay.</p> <p>10 Q. And I just kind of wanted to sort of</p> <p>11 30,000-foot view talk about your opinions here in</p> <p>12 your Executive Summary.</p> <p>13 And I think your first one is that</p> <p>14 Shenandoah staff do not demonstrate an understanding</p> <p>15 of the manifestations of trauma and stress in youth,</p> <p>16 do not utilize and, therefore, do not appear to be</p> <p>17 well-trained in utilizing trauma-informed approaches</p> <p>18 that are the standard of care in all stages of the</p> <p>19 juvenile justice system.</p> <p>20 So there's a lot to unpack there, but</p> <p>21 first, generally, I just wanted to ask you how you</p> <p>22 came to that conclusion and what your basis in your</p>
<p style="text-align: right;">Page 79</p> <p>1 I have seen one report done by</p> <p>2 Andrea Weisman, by Dr. Weisman, so I did review</p> <p>3 that. That would have been after the February</p> <p>4 report was submitted, so 17th or whenever that was,</p> <p>5 so sometime after that I reviewed that. That did</p> <p>6 not factor into my decision, but I did review that.</p> <p>7 Q. Okay. Have you ever discussed the case</p> <p>8 with her?</p> <p>9 A. I have never met her or talked with her,</p> <p>10 no, or discussed it with her.</p> <p>11 Q. What about Dr. Nelson, or Ann Nelson, do</p> <p>12 you know her?</p> <p>13 A. I do --</p> <p>14 Q. Have you ever met her?</p> <p>15 A. I do not, no.</p> <p>16 Q. Have you read Dr. Diver's report?</p> <p>17 A. What was the last name, Guyver?</p> <p>18 Q. Dr. Diver.</p> <p>19 A. I'm not sure. Is that an expert?</p> <p>20 Q. He's another -- yes.</p> <p>21 A. No.</p> <p>22 Q. He's another expert. Okay.</p>	<p style="text-align: right;">Page 81</p> <p>1 words is.</p> <p>2 A. So this was based on just in general</p> <p>3 reading through progress notes and case management</p> <p>4 notes as well as the youth that I talked with and</p> <p>5 their declarations. In other words, it was globally</p> <p>6 based on that there are certain things I would look</p> <p>7 to see in a truly trauma-informed environment that I</p> <p>8 did not either see in their documents or hear from</p> <p>9 the youth that I evaluated, and it just felt like it</p> <p>10 was lacking to me.</p> <p>11 So that's -- I mean, globally that's where</p> <p>12 that came from. I mean, with Doe 1 there were very</p> <p>13 specific things that I feel got missed there, but as</p> <p>14 far as globally it was based on what the kids told</p> <p>15 me and what I saw or didn't see in the notes.</p> <p>16 Q. You mentioned there are some truly</p> <p>17 trauma-informed approaches that you didn't see.</p> <p>18 Can you give me some examples of what</p> <p>19 you're thinking of when you say that?</p> <p>20 A. Truly -- I didn't hear what you said.</p> <p>21 Truly prominent?</p> <p>22 Q. I think you said -- I heard you say there</p>

21 (Pages 78 - 81)

<p style="text-align: right;">Page 82</p> <p>1 were some truly trauma-informed approaches that were 2 lacking or that you didn't see, and I was just 3 wondering if you could give me some examples of what 4 you mean when you say that. 5 A. So let me start with what -- and, again, 6 trying to look at what trauma aspects I felt were 7 attempted. It was clear that there is a brief 8 assessment. I forget the name of the form offhand. 9 I know there's a checklist. It's a structured -- so 10 there is some attempt to identify trauma and abuse 11 when the kids first come into the program wherever 12 they enter. There were some diagnoses by some of 13 the clinicians that these kids had trauma. 14 So there were different aspects of trauma 15 that clearly were attempted. My concern was that it 16 didn't seem to be integrated into the treatment of 17 many of these youth, particularly Doe 1. 18 I also felt like what one clinician might 19 recommend or Dr. Kane, whatever, that I just didn't 20 see any evidence that they were having team meetings 21 or times to really talk about how these kids were 22 traumatized.</p>	<p style="text-align: right;">Page 84</p> <p>1 environment, for instance, that may be triggering 2 past traumas that these kids have had. 3 With Doe 1, I mean, I don't know if you 4 want me to give you a specific example. 5 Q. Let me stop you there so I can ask you 6 some questions. 7 A. Okay. 8 Q. So you mentioned that you felt this 9 opinion was particularly true with respect to Doe 1. 10 Did you feel like the approach to trauma 11 or the trauma-informed approaches had increased or 12 improved by the time you were reviewing John Doe 4's 13 records? 14 A. No. 15 Q. So what do you mean when you say 16 particularly with respect to John Doe 1 you did not 17 feel that there was a trauma-informed approach? 18 A. What I'm referring to there is because I 19 was actually able to meet with him over a two-day 20 period and see how he responded and hear his story, 21 I just felt like I had much more -- I mean, it was 22 just, you know, I could see it in front of me. I</p>
<p style="text-align: right;">Page 83</p> <p>1 And one of my big concerns was that in a 2 truly trauma-informed environment, this is my 3 feeling based on other centers I'm familiar with, is 4 that it isn't just about, you know, assessing a 5 child initially or a youth as to whether they've 6 been traumatized or experienced abuse and then 7 giving them a diagnosis. It's also about training 8 all of the staff who are participating with those 9 youths. So be it the guards, be it, you know, the 10 secretary, be it whomever, that everyone needs to 11 understand trauma because it's a very different way 12 of viewing the problems that these kids are having, 13 you know. As many of the reports state, these 14 youths have conduct problems, they have depression, 15 they have various kinds of anxiety; and that's not 16 necessarily -- I mean, that's true, but if we just 17 look at it as these are various problems these kids 18 have and not understand that the underlying cause 19 for many of these kids is trauma, it's going to be 20 dealt with in a very different way. We're just 21 going to target conduct disorder or depression and 22 not understand that there are things in this</p>	<p style="text-align: right;">Page 85</p> <p>1 could see how he responded when I was asking him 2 about, you know, whether I felt he was competent and 3 just things. I mean, he just totally shut down. 4 And he talked about one specific example 5 where one of the things that happened when he was at 6 Shenandoah was that one of the guards, I don't know 7 how many times this happened but at least on one 8 occasion, the tone of voice and what the guard said 9 reminded him of his dad; and I don't remember 10 exactly at that point if he went off on the guard or 11 if he detached, but for me it was a very clear 12 example of the prior trauma that he had had. 13 And the reason that's significant for me 14 is that if kids have been traumatized, that trauma 15 stays with them unless they get treatment, most 16 cases. Some people, occasionally people can work 17 through a trauma without getting therapy. There's a 18 lot of variables that go into that. But for many 19 people and many of these kids, without treatment 20 those traumas stay inside of them and are easily 21 reignited in settings where they don't feel safe. 22 So, for instance, if he felt disrespected</p>

<p style="text-align: right;">Page 86</p> <p>1 he might swear back at the guard. And what I felt 2 from, again, reviewing his records as well as some 3 of the other records was that the guards were quick 4 to react to that without going through the protocols 5 of active listening and really trying to engage 6 these kids. I felt they were much too quick to go 7 to either a point loss or room confinement. 8 And if you understood it from a trauma 9 perspective, it's important to engage these kids and 10 to have a thicker skin in terms of like if they're 11 swearing. I realize there needs to be some 12 intervention there. I'm not saying there shouldn't 13 be, but I just felt like there was an overreaction 14 because of not understanding that this kid isn't 15 just trying to disrespect me. This is probably 16 something triggered from his past; I need to 17 understand that so I don't overreact to this kid. 18 So much of my concern, and, again, I don't 19 know what -- I'm aware that there is some basic 20 annual training and that type of thing. My concern 21 is whether it's really hands-on training and 22 understanding trauma that the guards get and the</p>	<p style="text-align: right;">Page 88</p> <p>1 traumatized are functioning well; others that have 2 been traumatized are not. 3 So I think the continuum is the nature of 4 the trauma. I don't think in terms of the 5 trauma-informed approaches -- I mean, there's 6 different kinds of therapies that people do, but the 7 trauma-informed approach is really a comprehensive 8 approach to doing everything from assessing that 9 child to providing treatment to working to train the 10 staff and understanding trauma so that they're not 11 just reacting to kids as if they're acting out, you 12 know, or need to be -- you know, simply lose points 13 or whatever, that the trauma needs to be understood. 14 Staff, what we call counter-transferring, 15 staff need to understand, you know, that they're 16 going to get triggered at times by what these kids 17 do. And if they just react because they're pissed 18 off at a kid, don't understand that this is a 19 traumatized kid, they're going to respond in a very 20 different way. 21 So it's really a comprehensive I guess 22 package, if you will. It's like a wheel or a circle</p>
<p style="text-align: right;">Page 87</p> <p>1 staff as a whole so that they can really integrate 2 this into their work. So that's one of my main 3 concerns. 4 Q. Have you reviewed any of the training 5 materials for the Center? 6 A. I'm familiar -- no, I have not. No. 7 Q. Okay. Have you reviewed any deposition 8 testimony at all? 9 A. I have not. 10 Q. It sounds to me like a trauma-informed 11 approach is a continuum. Is that fair? 12 You can have a trauma-informed approach, 13 and at one end of the continuum you're implementing 14 a certain number of trauma-informed practices, and 15 at the other end you might be implementing one or 16 two. 17 Is that an accurate description of the 18 concept? 19 A. Well, I don't -- I mean, that's not how I 20 would describe it. I think there's a continuum of 21 people who are traumatized, you know, some severely, 22 others not so much. Some people that have been</p>	<p style="text-align: right;">Page 89</p> <p>1 where you've got different aspects of the trauma, 2 but they all are considered part of a 3 trauma-informed approach. I don't know if there's a 4 continuum of a trauma-informed approach. I mean, 5 there might be different ways that I work with 6 someone who has been traumatized depending on the 7 nature of their trauma, so there's some flexibility 8 there. I don't know if that's what you're getting 9 that. 10 But I don't see a continuum of 11 trauma-informed approaches. 12 Q. So what I'm trying to understand is I 13 think I heard you say your opinion is that 14 Shenandoah does not have a truly informed -- 15 A. Right. 16 Q. -- or truly trauma-informed approach, 17 right? 18 A. Right. 19 Q. But at the same time you recognize they're 20 doing a couple of things that you would describe as 21 trauma-informed, and you gave the example of 22 assessing at intake for trauma, right? Did I</p>

23 (Pages 86 - 89)

<p style="text-align: right;">Page 90</p> <p>1 understand that correctly?</p> <p>2 A. Yeah, it would be kind of like looking</p> <p>3 at --</p> <p>4 Q. So what I'm trying --</p> <p>5 A. Yeah, yes, yes.</p> <p>6 Q. So what I'm kind of struggling with is can</p> <p>7 you say, okay, Shenandoah, if you do X, Y and Z</p> <p>8 approaches that are trauma-informed, then, okay, I</p> <p>9 think you're doing what you're supposed to be doing?</p> <p>10 Can you give a concrete three or four or five or</p> <p>11 however many things that they would need to do to be</p> <p>12 what you consider truly trauma-informed?</p> <p>13 A. That would require me to look at the</p> <p>14 report, but I think I can give you some.</p> <p>15 Q. Okay.</p> <p>16 A. So I'm looking at the September 11th</p> <p>17 report.</p> <p>18 So if we could look at Doe 4, which starts</p> <p>19 on Page 28, as I said before, I did evaluate Doe 4</p> <p>20 over two days. And then if we look at Number -- I'm</p> <p>21 trying to find where I put my diagnoses.</p> <p>22 Q. Paragraph 133 maybe?</p>	<p style="text-align: right;">Page 92</p> <p>1 Q. -- of things that Shenandoah doesn't do</p> <p>2 that it should be doing. And will you just point</p> <p>3 those out to me as we go through the deposition, and</p> <p>4 I'll ask you about them when we --</p> <p>5 A. That would probably be a better way to do</p> <p>6 it, I agree.</p> <p>7 Q. Okay. So let me ask you this: In your</p> <p>8 first opinion you conclude by saying "that are the</p> <p>9 standard of care in all stages of the juvenile</p> <p>10 justice system."</p> <p>11 And accepting that -- you believe the</p> <p>12 standard of care is a trauma-informed approach,</p> <p>13 right? Is that a fair way of describing it?</p> <p>14 A. Yes.</p> <p>15 Q. So what authority or source are you basing</p> <p>16 that on when you say X is the standard of care and</p> <p>17 trauma-informed care is the standard of care?</p> <p>18 A. I mean, there were two primary groups that</p> <p>19 I referenced here. One was the National Child</p> <p>20 Traumatic Stress Network. The other was referencing</p> <p>21 the Attorney General's report of I believe it was</p> <p>22 2012 that basically stated that.</p>
<p style="text-align: right;">Page 91</p> <p>1 A. That's probably what I'm looking for.</p> <p>2 Yes.</p> <p>3 So, again, I evaluated him, and I did</p> <p>4 specific tests regarding trauma as well as my</p> <p>5 clinical interview and felt that he met criteria for</p> <p>6 chronic posttraumatic stress disorder.</p> <p>7 This is also based partly on the fact that</p> <p>8 he had also been -- even though my own independent</p> <p>9 evaluation showed that, I believe there were other</p> <p>10 records that I had seen, yes, that talked about</p> <p>11 another facility having evaluated him as being</p> <p>12 traumatized.</p> <p>13 So if we look at that and then go to --</p> <p>14 let me just pick one of the incidents here. I'm</p> <p>15 just trying to find more of a clear example that --</p> <p>16 Q. Sure. So, Dr. Lewis, we have somewhat</p> <p>17 limited time today, so maybe if -- we are going to</p> <p>18 go through your report in some detail. So if you</p> <p>19 would just point out to me when we come across those</p> <p>20 things. I'm looking for specific, concrete</p> <p>21 examples --</p> <p>22 A. Yeah, and that's what I was trying to --</p>	<p style="text-align: right;">Page 93</p> <p>1 Q. Okay. And so in looking at the National</p> <p>2 Child Traumatic Stress Network, my understanding is</p> <p>3 that their mission is to raise the standard of care,</p> <p>4 and the way they describe it is and improve access</p> <p>5 to services for traumatized children, their families</p> <p>6 and communities throughout the U.S.</p> <p>7 Is that your understanding of their kind</p> <p>8 of reason for being and mission?</p> <p>9 A. Yes. They were established by Congress, I</p> <p>10 forget exactly, I think it might have been in 2000,</p> <p>11 but that was their purpose, to begin to look at</p> <p>12 juvenile centers and the whole system and to improve</p> <p>13 and, like you said, raise the standard of care, yes.</p> <p>14 Q. So to me, if an organization whose reason</p> <p>15 for existence is to raise the standard of care says</p> <p>16 here is the standard of care, that would seem to me</p> <p>17 to be an aspirational standard.</p> <p>18 Does that not seem to you to be the case?</p> <p>19 MS. LIEBERMAN: Objection to form.</p> <p>20 THE WITNESS: So aspirational, well, I</p> <p>21 guess where you're going is that it's --</p> <p>22</p>

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1 BY MS. HAYNES:
2 Q. Let me ask it this way, Doctor: Do you
3 think that --
4 A. At one point it was aspirational, yes, but
5 at this point I think --
6 Q. When do you think it became -- when do you
7 think it became not aspirational but in your mind
8 just a standard?
9 A. I mean, a standard as far as being
10 codified, I don't know that it has been codified,
11 you know, mandated, let's put it that way. But,
12 again, this organization started in 2000, and I'm
13 aware of a number of centers starting in 2010 that
14 moved towards this approach, you know. Even in the
15 Cook County Juvenile Detention Center where I've
16 spent some time, you know, it's been there for
17 years.
18 So in terms of being codified or mandated,
19 no, I don't see it being mandated, but I think it's
20 much more than aspirational. I think it was
21 certainly in 2000. And so when did it -- I think
22 it's been standard for years. People that do the

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1 work with whether it's delinquent kids who are in
2 detention centers or immigrant kids have to
3 understand trauma, and that's really -- that's the
4 treatment. That's really the primary, in my mind
5 the primary standard even if it's not mandated.
6 Q. Are there any other sources that you know
7 of or you can think of besides the National Child
8 Traumatic Stress Network or the Attorney General, I
9 think you said 2012 Attorney General report?
10 A. Right, I believe that was the other, the
11 other main one that I'm referencing, the Attorney
12 General's report.
13 Q. Okay. The last thing I wanted to ask you
14 about this statement is at the end where you say "in
15 all stages of the juvenile justice system." And I
16 guess you mentioned earlier that in some of your
17 other cases you think the defendant centers were
18 staff secure.
19 Can you tell me kind of what your
20 understanding of the different levels? Is it your
21 understanding that ORR contracts with certain
22 facilities to send unaccompanied minors there?

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1 A. Yes.
2 Q. While their status is being determined; is
3 that fair?
4 A. Yes.
5 Q. And then within the facilities that ORR
6 contracts with there are certain levels as far as
7 security is concerned?
8 A. Yes.
9 Q. And do you know where Shenandoah falls on
10 that spectrum?
11 A. My understanding is they're a secure
12 facility that normally -- well, I guess normally the
13 youth that are there would be youth that are more
14 behaviorally problematic or disregulated, perhaps
15 have been more aggressive or violent.
16 Q. And do you know how the determination is
17 made to send a UC to a specific facility and to a
18 specific -- whether it's to a specific security
19 setting or level?
20 A. I don't know specifically, no.
21 Q. Okay. Do you know whether or to what
22 extent Shenandoah has any say in which kids come to

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1 them?
2 A. My understanding would be that ORR
3 primarily makes those determinations. I do believe
4 that -- so I believe it's ORR. But my concern is
5 that particularly, I don't know if it was Doe 4 --
6 no, I think it was Doe 3 actually, who I did not
7 interview, who had been on good behavior, for
8 instance, for 96 days that -- and yet it was quoted
9 by I believe his clinician that he wasn't giving her
10 enough good behavior to fight his case for a step
11 down.
12 So it seemed clear to me that Shenandoah
13 has some responsibility to either facilitate or
14 advocate for these kids. I know they fill out -- I
15 mean, I don't know, but I assume they fill out some
16 recommendation at some point if the kids have 30
17 days or whatever of good behavior, no SIRs, that
18 they do expedited process.
19 My concern was that I believe it was
20 Doe 3, I'd have to go back and look at it, but he
21 was moved from staff secure to secure within two
22 days but yet he had 96 days of good behavior and no

<p style="text-align: right;">Page 98</p> <p>1 step down, and that was clearly a part of what 2 discouraged him and demoralized him. And I just 3 feel like Shenandoah could have done much more to 4 advocate. 5 And, in fact, his therapist or the case 6 manager -- I'd have to go back and look at the 7 specifics -- stated, you know, this is after 96 days 8 he acted out, and they were told no more, you know, 9 you're not going to get a step down at this point; 10 and then it was quoted in one of the -- I'd have to 11 go back and look, I can find it for you, that two 12 days later, you know, she said to him you're not -- 13 unless you give me good behavior I can't advocate 14 for you or I can't fight your case for a step down. 15 So that tells me that Shenandoah, there 16 are things that they can do off the record to 17 expedite. 18 And also this is a young man that was 19 moved -- within two days was moved from I think it 20 was Arizona or wherever he was at to Shenandoah. 21 Q. Do you know whether -- I mean, what's your 22 understanding of who has the final authority to make</p>	<p style="text-align: right;">Page 100</p> <p>1 specifically, but I suspect it has to do with that, 2 going to a secure facility, a kid that they felt was 3 basically unmanageable or just acting out 4 aggressively. 5 Q. And do you think that the same standard 6 should apply from a clinical psychology perspective 7 to a secure setting as to a staff secure as to a 8 residential center? 9 A. The same standard in -- could you ask it 10 again? 11 Q. So I understand your -- I understand your 12 opinion to be that a trauma-informed approach is the 13 standard of care when it comes to clinical 14 psychology, your field. 15 Is that your opinion? 16 A. Well, for facilities. I mean, everyone I 17 see is not traumatized, so I guess -- just when I do 18 my work as a private practitioner. But if we're 19 talking about facilities like you mentioned, yes, I 20 think standard of care is considered a standard -- a 21 trauma-informed approach is considered the standard 22 of care.</p>
<p style="text-align: right;">Page 99</p> <p>1 that call? Like if Shenandoah advocates, are they 2 able to make any kind of final decision with respect 3 to where a youth goes or does not go? 4 A. I suspect they do not. I suspect it's 5 ORR, but, again, I would think they'd have a strong 6 say, you know, in advocating or facilitating. 7 Q. Going back to the different levels of 8 centers with which ORR contracts to take these 9 youth, do you know, do you have a sense of how many 10 secure facilities like Shenandoah there are? 11 A. An accurate number, no. I think I heard 12 at one point that there might be two other ones in 13 the country. I think they're limited is my 14 understanding, a limited number. 15 Q. And do you have any familiarity with what 16 has a bearing on whether a youth goes to a secure or 17 staff secure setting? 18 A. Specifically, no. I believe I read in one 19 of the -- I forget exactly where it was, that if 20 there was a history of I think prior criminal 21 behavior or I guess significant aggressive episodes 22 perhaps that that might -- I don't know</p>	<p style="text-align: right;">Page 101</p> <p>1 Q. And do you think that that standard 2 applies to any detention center regardless of 3 whether it's a staff secure center or a secure 4 center or just a residential center? 5 A. I believe it should simply because of 6 especially if we're talking about immigrant youth or 7 even just youth that are, you know, American kids, 8 that there's so many of them that have been 9 traumatized that if we don't look at it, the trauma 10 nature of that and really embrace all the aspects of 11 trauma-informed care, it's going to -- so yes, I 12 guess my answer is yes to that. 13 Q. How do you balance the need for security 14 in a setting like a staff secure center or a secure 15 center like Shenandoah against trauma-informed 16 approaches? 17 MS. LIEBERMAN: Objection to form. 18 THE WITNESS: How do I balance? There are 19 always -- certainly -- 20 BY MS. HAYNES: 21 Q. Let me ask it this way: Do you take into 22 consideration in looking at a facility whether it is</p>

<p style="text-align: right;">Page 102</p> <p>1 a staff secure facility, a residential facility or a 2 secure facility in determining what standard should 3 apply? 4 A. For me the -- obviously there are 5 differences in these facilities and the general 6 nature of the kids that are there, and I guess in 7 some ways that has to be looked at. But for me, it 8 doesn't matter if I have kids that are highly 9 aggressive or maybe more on the depressed side who 10 are not acting out in the same way. The trauma, 11 particularly for immigrant kids, unaccompanied 12 minors, the trauma has to be looked at. And while 13 there are situations that -- I mean, I've worked in 14 residential facilities. I've worked in a hospital 15 setting. I've worked in therapeutic day schools 16 where there at times clearly, for instance, 17 restraints have been necessary. 18 So I'm not going to say that that's never 19 appropriate. I think those are very rare. I have 20 particular concerns about restraint chairs. But in 21 general, yes, there are going to be times that that 22 needs to be factored in.</p>	<p style="text-align: right;">Page 104</p> <p>1 Q. -- is that right? Okay. 2 And so is your opinion here necessarily 3 limited to your review of those documents? Do you 4 have any information with respect to other youths at 5 Shenandoah? 6 A. Not specific documentation regarding that, 7 no. 8 Q. So to the extent that you have this 9 opinion with respect to youths other than John 10 Does 1 through 4 and perhaps those three youths 11 whose limited records you reviewed, you're 12 extrapolating? 13 A. I am generalizing from the records in the 14 kids that I've evaluated, yes. 15 Q. Okay. Do you know how many unaccompanied 16 youths are at Shenandoah at any given point in time? 17 A. I'm going to say I don't know 18 specifically. I believe in one of the documents it 19 talked about 30 to 40, and I don't know if that 20 included the American or kids from the United States 21 that were there. 22 So undocumented I'm going to say perhaps</p>
<p style="text-align: right;">Page 103</p> <p>1 But I do believe that if the environment 2 is safe and the kids know that it's a safe 3 environment where they're going to be treated with 4 respect, where whatever trauma is there has been 5 recognized, and it's safe to talk to staff, staff 6 are trying to relate and engage with them, that it 7 would decrease the acting out no matter what 8 facility we're talking about, no matter what the 9 nature of that facility. 10 Q. Your second opinion in that Executive 11 Summary paragraph, which is back on Page 1 of 12 Exhibit 3, and you say, "The predominant approach 13 utilized to manage youth at SVJC is punishment and 14 behavioral controls through methods such as solitary 15 confinement, physical restraint, strapping to a 16 chair and loss of behavioral levels." 17 And what I'm wondering is, it sounds like 18 from our conversations so far you've reviewed 19 records for John Does 1 through 4 and some limited 20 records for I think three other unaccompanied 21 youth -- 22 A. Yes.</p>	<p style="text-align: right;">Page 105</p> <p>1 around 30. I don't know for sure. 2 Q. What's your understanding as far as the 3 time period you were asked to review in the case? 4 A. Specific dates I don't know. When I 5 evaluated Doe 1, that was in last year in 2017. I 6 had records going back to 2016. I've actually seen 7 some -- well, I'm trying to think of the dates 8 specifically, but I don't think I was given a 9 specific time period to review that I'm aware of. 10 So I think it's covering whatever I 11 uncovered. I mean, I don't know. I was never told 12 just to review during -- as long as those kids were 13 in detention I was asked to review that period of 14 time, so I guess whether that was two years or eight 15 months. And the Doe 1 case, I know it goes back to 16 2016 or 2015, I can't remember, so anything that 17 goes back at least that far. 18 Q. I wanted to ask you about -- you used the 19 term "solitary confinement" in that statement. 20 Do you have a specific definition that you 21 use when you say "solitary confinement"? What does 22 that mean to you?</p>

<p style="text-align: right;">Page 106</p> <p>1 A. Well, essentially that's placing an 2 individual in a room that they don't have contact 3 with others other than perhaps somebody checking on 4 them periodically. So they're essentially isolated 5 by themselves in their room with probably really 6 nothing in the room where they could potentially 7 hurt themselves. And they're there for however long 8 a period of time the staff have them there for. 9 So they're essentially isolated from other 10 people in terms of ongoing contact, from other 11 activities. 12 Q. So to me -- I'm a layperson. So to me 13 solitary confinement sounds much more severe than 14 another term like room confinement or administrative 15 confinement. 16 Is there not room in this case for use of 17 those terms? Why do you feel like solitary 18 confinement describes what happens versus 19 administrative confinement or room confinement? 20 A. Well, for me, yes, there can be some 21 interchangeability with that. However, you know, 22 for me a room is like when you go to a hotel, not</p>	<p style="text-align: right;">Page 108</p> <p>1 more specifically to what I consider the deleterious 2 effects of putting an individual in their cell or in 3 their room for an extended period of time. 4 Q. Have you -- I know you went to Shenandoah 5 to evaluate John Doe 4. 6 A. Yes. 7 Q. Did you see the rooms or the pods there? 8 A. Not -- well, I mean, I walked down the 9 hall. I was put in a room myself, but it was just 10 an actual like room where people meet, so it wasn't 11 like one of the rooms or cells that the kids are in. 12 I did walk down a hallway to use the 13 bathroom, but I don't know if it was a pod. So I 14 think the answer is I didn't see much of that, no. 15 Q. Okay. So it's not like you walked around 16 the facility or took a tour or anything like that? 17 A. No, I didn't take a tour. I did -- again, 18 this is after this report was submitted when a lot 19 of the documentation came in. I did see videos, did 20 review seven or eight videos that I could see what a 21 pod looks like. You couldn't really see into the 22 room, but you could see where the rooms were.</p>
<p style="text-align: right;">Page 107</p> <p>1 when you go into a setting like a juvenile center, 2 which is essentially a cell, you know. I mean, it 3 is a room I guess technically, but it's also a cell 4 with a little window. 5 So for me some of it is semantics, and for 6 me the room confinement or solitary confinement, 7 solitary confinement speaks to the nature of it 8 being for one individual alone, and that's why 9 that's significant for me. And also because of much 10 of the research that's been done on the use of 11 solitary confinement, and they refer to it as 12 solitary confinement mostly in the literature, 13 that's another reason that I use that, talks about 14 the highly detrimental effects it can have on 15 individuals, whether they're adults but particularly 16 for minors and youth when they're in confinement by 17 themselves with very little stimulation from the 18 outside, particularly if it goes for a long period 19 of time, but even if it's for a short period of time 20 it can be very detrimental. It can lead to further 21 acting out either against themselves or others. 22 So for me solitary confinement just speaks</p>	<p style="text-align: right;">Page 109</p> <p>1 So I'm at least familiar more with the 2 pods. 3 Q. So you've seen seven or eight videos but 4 not until after your September 11th, 2018 report was 5 submitted? 6 A. That's right. 7 Q. Okay. Then you also used the term 8 "physical restraints." 9 What does that term encompass in your 10 mind? 11 A. So physical restraints, again, there can 12 be I guess a continuum of that from simply, you 13 know, one or two people needing to pull a youth back 14 and just, you know, constraining them, you know, 15 manually. It could be use of handcuffs or partial 16 leather restraints, you know, for their -- you know, 17 holding their hands together or their feet. 18 Again, you used the word "continuum" 19 before. I think there's a whole continuum here 20 where it could also be ultimately up to use of a 21 restraint chair. 22 So restraint really encompasses any time</p>

<p style="text-align: right;">Page 110</p> <p>1 you're taking somebody's I guess freedom away from 2 them, usually done if there is a concern for safety 3 to themselves or others. And there's mechanical 4 restraints, and then there's human restraints, and 5 then there's restraint chairs, so there's a whole 6 continuum. 7 Q. That term is all-encompassing for you? 8 A. Well, unless you give me a specific, yes. 9 I mean, if you said mechanical restraints, but 10 restraints can refer to it, yes. 11 Q. Okay. And then at the end of that 12 statement you refer to strapping into a chair, and 13 you referenced a restraint chair a couple of times. 14 Of John Does 1 through 4, do you know 15 which have been or were in the restraint chair ever? 16 A. I'd have to go back and look specifically. 17 Well, I know Doe 1 was, for instance, and he was in 18 there a long period of time. I know there were 19 situations where -- and I forget which ones reported 20 to me or I read in their declaration they were in a 21 restraint chair, and I believe in some -- at least 22 in one case the records from or one of the rebuttals</p>	<p style="text-align: right;">Page 112</p> <p>1 very late before this, you know, right before this 2 report was submitted, so I only took what I thought 3 I could use for John Doe 1 at that point. I just 4 didn't have time to review the rest. 5 Q. At the end of that paragraph, the 6 Executive Summary paragraph, you say, "In summary, 7 both the mental health care and overall care 8 provided at Shenandoah are deficient and fall well 9 below professional standards of care in the juvenile 10 justice system." 11 A. Yes. 12 Q. So as far as mental health care is 13 concerned, you understand that there's a distinction 14 between a secure facility and a residential 15 treatment center, right? 16 A. Well, yes, right. 17 Q. And Shenandoah is not a residential 18 treatment center? 19 A. Yes, that's right. 20 Q. And I think you mentioned that every 21 unaccompanied youth undergoes a mental health 22 screening at intake?</p>
<p style="text-align: right;">Page 111</p> <p>1 stated that this person had never been in a 2 restraint chair. 3 But I know that Doe 1 for sure was, and I 4 know several of the others were reported to be. 5 Q. Okay. Do you know how many times a 6 restraint chair was used at Shenandoah in 2017, for 7 example? 8 A. I don't know. 9 Q. Okay. Or 2018, same? 10 A. I -- I think we did get some data looking 11 at that, but I have not looked at that in any kind 12 of detail other than I know -- 13 Q. It's not something that you relied -- it's 14 not something that you relied on to write this 15 report? 16 A. Well, it was in terms of John Doe 1 17 because I know, you know, from looking at that I 18 could see that he was in restraints and a restraint 19 chair and so forth for a certain number of minutes, 20 700 minutes, I forget how many it was. 21 So in that case yes, but I didn't have 22 time to -- again, a lot of that information came in</p>	<p style="text-align: right;">Page 113</p> <p>1 A. As far as I can tell they do, yes. 2 Q. And unaccompanied youth undergo mental 3 health assessments by a clinician after that point 4 at Shenandoah, is that your understanding? 5 A. My understanding is there's an initial 6 intake done, I'm not sure who exactly does that, but 7 some type of an initial intake where I believe there 8 are some questionnaires given and then just a 9 general intake that's done. 10 I believe that -- I'm not sure if there's 11 then another more formal intake that's done. I do 12 know that psychologists, for instance, are referred 13 to or psychiatrists if there's more explicit 14 concerns from that first intake. I don't know if 15 it's one or two intakes that are done initially, but 16 that I believe triggers the need for more 17 evaluation, and it's not done for every single 18 child. 19 Q. Do you know if ORR has to approve that or 20 if Shenandoah is able to just unilaterally have that 21 happen? 22 A. Well, if I'm understanding your question,</p>

<p style="text-align: right;">Page 114</p> <p>1 I know there is a policy in place of initial 2 screening, which I don't -- I mean, that's a policy 3 I believe that's just initiated. 4 As far as their -- if there's concern that 5 they need further evaluation, I don't know for sure. 6 I would suspect they're encouraged to do that to get 7 the kid care, but I don't know if they have to 8 get -- I know they have to make perhaps 9 transportation requirements or get things set up. 10 So I don't know. I suspect they probably 11 do have to have approval, but I don't know for sure. 12 Q. Okay. Do you know what the ratio of 13 clinicians to unaccompanied youth at Shenandoah is? 14 A. Oh, clinicians, let's see. Clinicians 15 to -- I'm sorry, clinicians to -- 16 Q. Clinicians to unaccompanied youth 17 specifically. 18 A. Unaccompanied youth, you know, I did -- it 19 might have been in the Ann Nelson report. I believe 20 I read something about that. I don't recall. I 21 want to say it was two per eleven. I don't know for 22 sure.</p>	<p style="text-align: right;">Page 116</p> <p>1 environment at Shenandoah by, for instance, a guard 2 just, you know, rushing too quickly to put a kid in 3 restraints, let's say, versus talking to that kid. 4 If the kid is already acting aggressively, sure, 5 we've got to contain that child. 6 But if the kid is simply being 7 disrespectful or swearing or angry, there are 8 situations where I felt that wasn't dealt with, that 9 there was no real verbal -- I felt like they perhaps 10 redirected them, you know, to go to your room, but 11 the first step is active listening and engagement 12 with that child. And I felt like if that engagement 13 was there that that would decrease a number of the 14 incidents that they're having with these kids. But 15 to understand that guards have to understand trauma. 16 So for me, if we go back to your question 17 about mental health, it's not that they don't have 18 mental health providers there. They do, and they 19 all appear to be licensed. But it doesn't feel like 20 they're talking with each other or talking with the 21 guards about understanding trauma, you know, 22 understanding look at, you know, this is a kid</p>
<p style="text-align: right;">Page 115</p> <p>1 Q. So what in your opinion does Shenandoah 2 need to do that it's not doing with respect to 3 mental health care, understanding that it is a 4 secure facility and not a treatment center? 5 A. Well, I'm going to respond to that in two 6 ways because mental health is also intertwined with 7 following their policies. And the way they're 8 intertwined, first and foremost I think it's 9 following the policies that they do have. 10 So, for instance, their behavioral 11 management program, I feel that there are a number 12 of situations that I reviewed, a number of incidents 13 where I did not feel that progressive approach was 14 followed, and because of that these kids got 15 triggered either for more acting out or more 16 depression, more self-injurious behavior. 17 So I think the context, I think what I'm 18 saying is that for it to be truly -- the mental 19 health care to be truly appropriate in my mind and 20 not harmful has to look at trauma that gets 21 triggered not just from these kids being traumatized 22 from the past but what's getting retriggered in the</p>	<p style="text-align: right;">Page 117</p> <p>1 that's traumatized; he's going to react, he's going 2 to swear at you occasionally. You've got to -- yes, 3 maybe you've got to intervene, but intervention 4 doesn't have to be punitive. It can be engaging and 5 bringing that kid's anxiety down. 6 So for me, that's a lot of what gets 7 missed here is the integration of understanding 8 trauma in every aspect of what Shenandoah does, not 9 just an assessment and then referring them for some 10 treatment. There has to be more involvement with 11 the guards understanding it. 12 And I don't see anything about staff. For 13 instance, I'm aware of some facilities where staff 14 have to -- the clinical staff are there, you know, 15 until late at night and on weekends. I don't know 16 for sure when they work here, but I didn't see very 17 much involvement particularly with evening stuff 18 that the clinicians were involved until one or two 19 days later when they talked to them in their therapy 20 sessions. 21 So my concern was that the guards were 22 simply having -- I know occasionally they would</p>

<p style="text-align: right;">Page 118</p> <p>1 consult with an outside doctor if they had to put a 2 child, let's say, in a restraint chair or whatever, 3 so I'm aware of that. But in terms of active 4 consultation from the mental health staff, I see 5 that lacking here, and that could greatly help to 6 reduce the problems that are there, that I feel that 7 are there; you know, helping guards to better 8 understand, not to overreact, not to -- you know, to 9 follow the policies that are there.</p> <p>10 So the mental health part for me that's 11 lacking is really understanding the nature of trauma 12 and how everybody has to be onboard, you know, 13 understanding that.</p> <p>14 Q. Do you have any issue with the policies as 15 written?</p> <p>16 A. Which policy are we talking about?</p> <p>17 MS. LIEBERMAN: Which policies?</p> <p>18 BY MS. HAYNES:</p> <p>19 Q. Do you disagree with the policies as they 20 are written?</p> <p>21 MS. LIEBERMAN: Object to form, vague. 22 Any of them?</p>	<p style="text-align: right;">Page 120</p> <p>1 what's missing for me is some aspect of 2 understanding; in other words, a little bit more 3 about what it means to verbally engage, you know, 4 what does it mean to -- in other words, the trauma, 5 the traumatic nature of it I think probably should 6 be written a little bit more into the policy.</p> <p>7 But for me, a lot of it is that if they 8 did follow, for instance, the behavioral management 9 policy, I believe that again it would be sufficient.</p> <p>10 It wouldn't quite go far enough for me because this 11 gets into the training that the guards need and 12 staff need to understand trauma and how it can 13 easily get retriggered; that a kid that's acting 14 out, for instance, is in a fight or flight mode 15 because of trauma perhaps versus they're just angry 16 for the sake of being angry or wanting to get back 17 at somebody.</p> <p>18 So I just feel like there's an aspect that 19 probably could be enhanced in these policies to get 20 at the traumatic nature a bit more to make it 21 integrated.</p> <p>22 But, anyway, so I guess sufficient but</p>
<p style="text-align: right;">Page 119</p> <p>1 BY MS. HAYNES:</p> <p>2 Q. Well, the ones that you reviewed, sure. I 3 think a couple of times you said you reviewed a 4 policy and you believed the policy is not being 5 followed.</p> <p>6 A. Yes.</p> <p>7 Q. But with respect to those policies that 8 you're referring to, do you have any issue with the 9 way that they're written if they were being 10 followed? In your opinion would that be sufficient 11 in your mind?</p> <p>12 A. You know, I'm just thinking about that.</p> <p>13 It certainly would help. In other words, 14 I understand that juvenile centers, you know, do 15 need to have positive behavioral systems in place, 16 incentives and point systems. So in that sense, 17 just kind of looking at the general format of the 18 policy, it generally looked appropriate.</p> <p>19 So the first answer is I don't think it's 20 sufficient. I think it would certainly help if 21 those were followed.</p> <p>22 What I think is missing in some of the --</p>	<p style="text-align: right;">Page 121</p> <p>1 wouldn't go far enough or adequate in that sense but 2 wouldn't go far enough.</p> <p>3 Q. Okay. And then you also refer in that 4 last sentence to overall care. You mention mental 5 health care, and then you also say "and the overall 6 care provided."</p> <p>7 What do you mean by "overall care"?</p> <p>8 A. Well, I'm referring there to -- in other 9 words, the mental health care would be specifically 10 the counseling staff and the psychiatrists and that.</p> <p>11 Overall care would be what I look at as the guards 12 interacting with the kids, using restraints, 13 following the policies.</p> <p>14 Q. So you're not referring to like medical 15 care, right?</p> <p>16 A. I'm just trying to think. I mean, I guess 17 loosely it would refer to that. I didn't -- since 18 I'm not a physician, I didn't review -- I saw some 19 of the medical reports, but that wasn't a big part 20 of what I looked at, so I can't really comment on 21 the medical care.</p> <p>22 I mean, I know that the kids -- and there</p>

<p style="text-align: right;">Page 122</p> <p>1 was documentation that they had gotten treatment for 2 various things, but I don't -- I mean, I did not 3 really look at that. 4 So it's not really referring to medical in 5 that sense. 6 Q. Is it fair to say that you're confining 7 your opinions to your field of clinical psychology, 8 overall care within the perspective or within the 9 context of clinical psychology? 10 A. Well, yes and no. It's coming -- I mean, 11 that's the lens that I'm looking at it through, but 12 it's also looking at the interaction of the milieu, 13 which would the guards; in other words, how they're 14 interacting with the kids based on, again, what I 15 read in the reports and what I heard from the kids. 16 Q. Okay. And then, again, you say in the 17 juvenile justice system, and again I'm just 18 wondering if you expect the same standard to be 19 applied in a secure facility that houses 20 unaccompanied youth as is applied in, say, any 21 juvenile detention center that maybe only houses 22 local youth who have been adjudicated or are in the</p>	<p style="text-align: right;">Page 124</p> <p>1 I think I mentioned that, at least in the first 2 report, maybe in the second one as well, that is 3 specifically a trauma-informed therapy approach that 4 through research has shown to lead to significant 5 improvement in kids' trauma and acting out less. 6 So I'm forgetting exactly what your 7 question was, but I think so the standards would be 8 also, you know, research that I've looked at where 9 these approaches are utilized in juvenile justice 10 centers, and it's also my own experience with what I 11 know other facilities do. 12 Q. Okay. Is it your understanding that 13 unaccompanied youth come to Shenandoah pursuant to 14 an agreement with ORR, a written agreement? 15 A. Well, I'm sure there's some paperwork. 16 When you say "agreement," I'm not -- I guess I'm not 17 clear what the question is. 18 Q. So unaccompanied youth come to Shenandoah 19 at ORR's behest. 20 Would you agree with that? 21 A. Yes. 22 Q. And is it your understanding or do you</p>
<p style="text-align: right;">Page 123</p> <p>1 process of being adjudicated. 2 A. I do, yes. 3 Q. And then lastly, you say professional 4 standards of care, and I think we've talked about 5 this a little bit already, but who are you -- as 6 defined by who? What professional standards of care 7 specifically are you referring to there? 8 A. Well, I mean, the two that I listed before 9 would be two main ones, you know, the Attorney 10 General's report and the National Child Traumatic 11 Stress Network, and also just my own experience with 12 other facilities and what they're doing, you know, 13 in terms of types of trauma systems that they're 14 using, you know. There may be specific -- I mean, 15 it's all part of trauma-informed care, but it's more 16 comprehensive. 17 For instance, for some of the therapies, 18 just as an example, if we're looking at a pie and 19 there's different aspects of trauma-informed care, 20 one is what kinds of work are the counselors doing, 21 are the therapists doing, and there are very 22 specific -- you know, one program is called Target.</p>	<p style="text-align: right;">Page 125</p> <p>1 know if there's a written agreement that governs 2 that relationship between ORR and Shenandoah? 3 A. I'm sure there must be, yes. 4 Q. Okay. But you haven't seen it, right? 5 A. You know, I've had a lot of records that 6 I've looked at, and I know I tend to pass over some 7 of the stuff that clearly isn't relevant to me. 8 So I know there are -- so my guess is I 9 probably have seen it in passing, but, you know, I 10 can't really -- nothing comes to mind. 11 Q. Can we say that if you don't recall 12 specifically reviewing it it wasn't relevant to the 13 opinions that you set out in your report? 14 A. Yes. 15 Q. Okay. Do you know if that -- so I guess 16 you wouldn't know if that agreement speaks to the 17 care that's provided to unaccompanied youth at 18 Shenandoah? 19 A. You know, I have seen some -- it didn't 20 factor into my -- I mean, I guess that's where 21 you're going. It didn't factor into my report. 22 I have -- I mean, I know there's some</p>

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1 basic things that talk about their rights or
 2 something like that. I don't know if that's part of
 3 what you're referring to here. I mean, I have
 4 loosely seen some of that and kind of read through
 5 it quickly where they talked about, you know, this
 6 is what will be provided for you.
 7 So, again, I'm assuming there's some paper
 8 agreement there, and I know I see the kids sign
 9 certain things. So I am aware of that, but it
 10 wasn't a factor in what I looked at.
 11 Q. So fair to say regardless of whether the
 12 agreement between ORR and Shenandoah speaks to
 13 standards for care of unaccompanied youth at
 14 Shenandoah, that's not something you considered or
 15 considered relevant?
 16 A. I think that's correct. I'm just trying
 17 to think what I did look at that might be getting at
 18 what you're talking about.
 19 Q. I think you've answered the question.
 20 A. Yeah, I don't think so. I don't think it
 21 really did, yeah.
 22 Q. What about do you know if there are

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1 regulations specific to Virginia that speak to the
 2 care of unaccompanied youth or juveniles? Do you
 3 know?
 4 A. Most states have different regulations,
 5 and I know there's some state flexibility there.
 6 So I have not seen those, but I'm quite
 7 sure there are, yes. In fact, I know there are.
 8 Q. Okay. I don't know about you, Dr. Lewis.
 9 On our end it smells like it's lunchtime here, so
 10 maybe we could take a few minutes for lunch.
 11 A. That's fine.
 12 Q. How much time does everyone -- is 30
 13 minutes enough? 40 minutes?
 14 A. That should be fine.
 15 (Whereupon, a lunch recess was
 16 taken from 12:01 p.m. to
 17 12:50 p.m.)
 18 BY MS. HAYNES:
 19 Q. Dr. Lewis, I wanted to turn to the part of
 20 your report that discusses your evaluation of
 21 John Doe 4, and that starts on Page 28 of Exhibit 3.
 22 A. I'm sorry, which page was it again?

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1 Q. 28.
 2 A. 28, okay. All right.
 3 Q. And you evaluated him in person at
 4 Shenandoah, right?
 5 A. That's correct.
 6 Q. In July 2018, and for a total of 10-1/2
 7 hours?
 8 A. Yes.
 9 Q. Was that -- do you know if that was split
 10 evenly between the two days, or was it mostly one
 11 day and then the remainder of those hours on the
 12 second day?
 13 A. Yes, it was split. The bulk was on the
 14 first day, and the second day was like a half day;
 15 so it was probably 7 and 3-1/2 or something like
 16 that.
 17 (Exhibit 5 was marked for
 18 identification.)
 19 BY MS. HAYNES:
 20 Q. Okay. And then if you'll turn to
 21 Exhibit 5, if you have that handy in front of you.
 22 A. Okay. Okay.

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1 Q. Are these your handwritten notes from your
 2 evaluation on July 25th and 26th?
 3 A. Yes. Yes, they are.
 4 Q. And would you have taken these notes in
 5 realtime as you were meeting --
 6 A. Yes.
 7 Q. -- with John Doe 4?
 8 A. Yes.
 9 Q. Okay. Are these all of the notes that you
 10 would have taken during that evaluation?
 11 A. Yes, this is all that I -- let me just
 12 think. I was asked for two things.
 13 Oh, yes, yes, this is both days are here.
 14 In fact, you can also see the hours at the top of
 15 how it was broken up. So the first day was from
 16 9:00 to 4:30. I was just looking to make sure the
 17 second day was included, and that's on Page 13.
 18 Yes, so this is everything.
 19 Q. Okay. Thank you. And what was -- could
 20 you tell me what your proficiency is in Spanish?
 21 A. I basically understand some words kind of
 22 in a passive way. I don't speak it fluently.

<p style="text-align: right;">Page 130</p> <p>1 Q. And what is -- what was John Doe 4's 2 proficiency in English?</p> <p>3 A. I think he understood, you know, some 4 basic words. The interview was done primarily 5 through -- well, it was done fully through a 6 translator, and occasionally like basic words he 7 understood, and he could say thank you or, you know, 8 good day or whatever.</p> <p>9 So I really don't know. I suspect not a 10 lot.</p> <p>11 Q. And the translator that you worked with 12 for this evaluation was Mr. Jeff Divers?</p> <p>13 A. Yes.</p> <p>14 Q. Had you ever met or worked with him 15 before?</p> <p>16 A. Yes. I had worked him with Doe 1.</p> <p>17 Q. Have you worked with him any time or any 18 other time other than that?</p> <p>19 A. No.</p> <p>20 Q. Do you know what his -- if he has any 21 training in mental health?</p> <p>22 A. Let me think for a minute.</p>	<p style="text-align: right;">Page 132</p> <p>1 learned British English or whatever. Occasionally 2 I'll have a young person from Central America or 3 Mexico who for whatever reason is quite fluent in 4 English.</p> <p>5 So I'm going to say probably 90 percent of 6 the time that I use a translator.</p> <p>7 Q. Do you think working through a translator 8 has any detrimental effects on your evaluation?</p> <p>9 A. I'm sure there's -- I mean, there's 10 usually some slippage. I mean, again, words can be 11 misconstrued, you know. So there can be language 12 issues that present themselves or the context.</p> <p>13 Again, often, you know, the translators 14 will -- if they feel like there's something that's 15 happening, they'll explain to the client that they 16 need to talk to me for a moment, and they'll explain 17 to me I think that there's a context here that I may 18 not be understanding or the kid might not be. So 19 they'll talk to me about it. And then if that's 20 relevant, I might ask the question in a different 21 way.</p> <p>22 So I do try to account for that, but I'm</p>
<p style="text-align: right;">Page 131</p> <p>1 Offhand I don't know. I'm trying to think 2 what he had told me. Most of the vetting for him 3 was done by the lawyers that basically interviewed 4 him for the position -- not position but for working 5 with me.</p> <p>6 What I usually say to them is obviously I 7 need someone who is fluent in Spanish. It would be 8 nice if they were from the same country, but that 9 often doesn't happen. Also I'd like if they've had 10 some involvement with youth or with trauma cases or 11 immigration. That's usually what I ask for.</p> <p>12 So I don't know exactly what his 13 experience was with mental health issues and per se. 14 I know he had worked with youth, but I don't know -- 15 like in school systems, but I don't know exactly 16 more than that.</p> <p>17 Q. How often when you are doing a forensic 18 psych eval. are you working through a translator?</p> <p>19 A. A forensic psych eval., a high percentage 20 of the time, 90 percent of the time. Some of the 21 people that I've seen, like for instance from 22 Africa, often do speak English, you know. They've</p>	<p style="text-align: right;">Page 133</p> <p>1 sure there's always some things that are 2 misconstrued.</p> <p>3 Q. Could you walk me through how you do a 4 forensic psych eval., what are the steps you take?</p> <p>5 A. Well, first is just greeting the person, 6 introducing myself, saying nice to meet you. I 7 often will ask a little bit about what their 8 understanding is of who I am or what I'm there for, 9 you know, why I'm going to be meeting with them just 10 to see what they understand.</p> <p>11 I then explain the purpose of the 12 evaluation. And, again, if it's, you know, a case 13 like this that's a civil case that's looking at the 14 impact of their living in detention, I will explain 15 that to them, that part of what I'm going to be 16 doing is talking to you about your experiences, for 17 instance, here at Shenandoah. If it's about asylum 18 or SIJ I'll explain that I'm going to be asking 19 about their history more and their psychological 20 history, whatever traumas they may have had, how 21 that's affected them, and how they're functioning 22 currently.</p>

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1 And then I have them tell me back what
2 they understand so that I have some sense of whether
3 they're grasping the purpose of the evaluation, and
4 we will get that clarified if it needs to be.
5 And then I usually just start in doing my
6 interview. Usually I start with things like just
7 tell me a little bit about -- well, it might vary.
8 Some people want to just talk about their current
9 situation, so I might start by talking about, you
10 know, their -- for people that are living in the
11 community, you know, where they're living and what
12 they're doing. But then I quickly go to their
13 history. I want to understand who this person is
14 that's in front of me, where they were born; and
15 they give me their birth date, what kind of family
16 environment were they raised in, their schooling, so
17 getting at things of that sort kind of to build
18 rapport and get their history.
19 I will ask about, or if they haven't
20 reported already, any particularly stressful events
21 that may have happened in their childhood. If
22 they're in this country where I'm evaluating them,

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1 and most of them are, I'll ask what the
2 circumstances were that led them to come to the
3 United States and how they got here, what that
4 journey was like. And then I'll ask about their
5 current situation, where they're living, how they're
6 functioning.
7 Depending on the nature of the evaluation,
8 there will be some what we call paper and pencil
9 like questionnaires that I'll use. It just depends
10 on, you know, how much time I have and what the
11 nature of the evaluation is.
12 So with most of the youth that I evaluate
13 for these cases I do try to do some type of trauma
14 assessment besides the clinical interview. There's
15 a number of different tests that I may use. I
16 may -- I will do some questionnaires that get at
17 issues of depression and anxiety just as a way as an
18 adjunct to the clinical interview.
19 I will do a mental status exam. It may
20 not be a formal exam. Certain parts might be if I
21 suspect, you know, some -- a lot of the mental
22 status exam could be gleaned from the interview. I

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1 can tell if somebody is alert, you know, versus
2 they're being comatose. I can tell; I don't have to
3 ask them that. But I don't know if they know the
4 date and where they are, so I will specifically ask
5 that for instance. So I will do a mental status
6 exam.
7 And then in this case would ask about
8 their experiences at whatever facility they're at,
9 how that may be affecting them, any particular
10 problems, and then get into some detail with that.
11 As I mentioned before, I will -- if I have
12 records available, and sometimes I don't have any,
13 it might be an affidavit this person has submitted
14 or a declaration or maybe records from ORR, I try to
15 look for areas of consistency and inconsistency, and
16 where there's inconsistency I do try to ask about it
17 in a way that lets them know that, you know, I don't
18 understand why you said this and now you're saying
19 that or what -- help me better understand this. I
20 do try to get to some of that as well.
21 Q. You mentioned that you did some paper and
22 pencil evaluations.

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1 In Paragraph 103 at the top where you say
2 "administered several psychological questionnaires,"
3 is that what you're talking about when you say paper
4 and pencil evaluations, or is that something
5 different?
6 A. No, that's what I'm referring to.
7 Q. Okay. And I assume there are specific
8 questionnaires that you use for this purpose?
9 A. Yes. It may vary somewhat from individual
10 to individual, but yes.
11 Q. Do you know which ones you used for
12 John Doe 4?
13 A. I'd have to -- I don't -- yeah, I don't
14 think I included that here, and I didn't bring his
15 report. Let me see if I can recall.
16 I did the -- well, one -- I believe there
17 were five that I gave him. One was the Beck
18 Depression Inventory 2, Spanish version. One was
19 the trauma -- it's called the Trauma Symptom
20 Checklist for Children, the TSCC, also the Spanish
21 version. So as much as I can I try to utilize tests
22 that are in Spanish.

<p style="text-align: right;">Page 138</p> <p>1 There was three other ones. Let's see. I</p> <p>2 did the Beck Anxiety Inventory as well. I believe</p> <p>3 that was also in Spanish. And I don't recall what</p> <p>4 the other two were off the top of my head.</p> <p>5 Q. And what is the purpose of those</p> <p>6 questionnaires in the evaluation?</p> <p>7 A. So, again, each questionnaire usually has</p> <p>8 a time frame. The Trauma Symptom Checklist for</p> <p>9 Children, there's no time frame. It basically</p> <p>10 assesses for trauma across the life span, so there's</p> <p>11 no defined time frame.</p> <p>12 For instance, the Beck Depression</p> <p>13 Inventory, I believe it's any symptoms. There's a</p> <p>14 variety of symptoms they ask about, and there's a</p> <p>15 range of never occurs to sometimes to always, and</p> <p>16 there's numbers like zero to 4. So it's in the</p> <p>17 Likert scale where they have to rate it.</p> <p>18 And they -- basically it's within the last</p> <p>19 either week or two weeks. Some tests it's the last</p> <p>20 month. So there's often a time frame, have you had</p> <p>21 any of these symptoms in the last two weeks, any of</p> <p>22 these symptoms in the last month.</p>	<p style="text-align: right;">Page 140</p> <p>1 So the translator, you know, again, I'll</p> <p>2 be here, and the translator will go through each</p> <p>3 question. At first we might have the youth read it</p> <p>4 if they can, and if they can't read the translator</p> <p>5 or interpreter will read it for them, make sure</p> <p>6 they're understanding the directions, you know, so</p> <p>7 make sure for the first couple of examples they're</p> <p>8 understanding what's being asked and how they should</p> <p>9 respond accordingly.</p> <p>10 So I would say it's probably maybe a third</p> <p>11 of the time the youth, some of the youth are bright</p> <p>12 enough to just read through it. You can tell; you</p> <p>13 know, I'll have them read it out loud, they clearly</p> <p>14 understand it and they get it maybe a quarter. The</p> <p>15 other three-quarters, the translator or the</p> <p>16 interpreter helps them with it.</p> <p>17 And if they run into a problem they'll ask</p> <p>18 me, like they'll say, you know, he's having a hard</p> <p>19 time with this particular issue because it's not</p> <p>20 something a part of his culture, so together we will</p> <p>21 try to work with it. That might happen maybe one</p> <p>22 question on a particular exam. So we will talk</p>
<p style="text-align: right;">Page 139</p> <p>1 Some of the tests are not within a time</p> <p>2 frame. It's more just within a -- it could be a</p> <p>3 life span type of thing.</p> <p>4 And, again, these are used as not so much</p> <p>5 for the score. It's used to kind of get --</p> <p>6 sometimes a score is helpful if it's a test that's</p> <p>7 validated on these particular youth; it's in</p> <p>8 Spanish. There are times that I've simply had to do</p> <p>9 this as a way to get a different way of asking</p> <p>10 questions just to make sure I'm not missing</p> <p>11 something.</p> <p>12 So it's used as an adjunct primarily. The</p> <p>13 main information comes from the clinical interview.</p> <p>14 Q. Are the tests something that you put in</p> <p>15 front of the youth and ask them to complete, or do</p> <p>16 you go through it with him and fill it out as he</p> <p>17 gives you answers? How does it work?</p> <p>18 A. It depends. Many of the youth, depending</p> <p>19 on -- and most of these tests are written at like a</p> <p>20 second-grade or fourth-grade reading level, so</p> <p>21 they're very basic. But some of the youth just</p> <p>22 don't have that ability to do that.</p>	<p style="text-align: right;">Page 141</p> <p>1 about a way of asking that that's consistent with</p> <p>2 what the question is getting at.</p> <p>3 Q. And what was the case with John Doe 4?</p> <p>4 Was he able to read it and fill it out himself, or</p> <p>5 was it something that you and the interpreter worked</p> <p>6 on with him?</p> <p>7 A. I think there was a combination. Again, I</p> <p>8 can't remember all the five tests I gave him. He</p> <p>9 was quite verbal, that I do recall; and my sense was</p> <p>10 he had, you know, probably average intelligence.</p> <p>11 I don't recall offhand -- yes, I'm just</p> <p>12 not recalling whether he was able to just -- I think</p> <p>13 one of the tests he was able to -- one of the</p> <p>14 inventories he was able to do on his own. I just</p> <p>15 don't recall. It was probably a combination is my</p> <p>16 guess.</p> <p>17 Q. All of the tests, were all of the tests</p> <p>18 you gave him translated into Spanish?</p> <p>19 A. Again, if I had all five I could say for</p> <p>20 sure. I know the three I gave you were, the Trauma</p> <p>21 Symptom Checklist. These are tests that are ordered</p> <p>22 and they're standardized, and so you have to order</p>

<p style="text-align: right;">Page 142</p> <p>1 them and pay to use them. So they come in a packet. 2 So yes, the three that I listed were in 3 Spanish. I can't remember what the other two were 4 offhand, so I'm not sure if they were in Spanish. 5 Q. Do you know if -- and so if it's not 6 translated into Spanish, the translator would as 7 needed translate verbally? 8 A. Right. 9 Q. And then you would take the answers down 10 as you go? 11 A. Yes, right. 12 Q. Okay. And in addition to being translated 13 into Spanish with respect to the three that you do 14 remember were translated into Spanish, do you know 15 if those tests have been used in and standardized to 16 Spanish-speaking youth? 17 A. So the issue of standardization, it's kind 18 of a tricky one. Some of them have, but to be 19 honest with you there are no, that I'm aware of, no 20 let's say questionnaires or tests that have been -- 21 in other words, to be truly validated and 22 standardized, it has to be a population similar to</p>	<p style="text-align: right;">Page 144</p> <p>1 Q. And so in portions of your report where 2 there are paragraphs in quotes and italics, are you 3 taking those from your notes? 4 A. Yes. As close as I can I try to get it 5 verbatim. Obviously it's not perfect, but I try to 6 get -- you know, what the translator is translating 7 for me, I try to get that down verbatim, but I'm 8 sure it's not perfect. But I think I clearly get 9 the gist of it accurate most of the time. 10 And if there's something I'm not sure 11 about, I go back and I ask them, you know. That's 12 the purpose of doing this over a couple of days too. 13 One is to develop trust with these kids, and there's 14 a lot to get through. But if I look over my notes 15 on the first day and I'm realizing something is not 16 clear from what they said, I can then go back the 17 second day and clarify. 18 Q. With respect to the evaluation, is it fair 19 to say that those are all self-reporting, meaning 20 it's a checklist for a questionnaire where the 21 subject is providing the information asked for? 22 A. I believe that's correct with the tests</p>
<p style="text-align: right;">Page 143</p> <p>1 yours. But are we just talking Spanish-speaking 2 populations, of which there are varieties even there 3 in terms of, you know, the region they're from. But 4 then there's also the fact that these are immigrant 5 or refugee or unaccompanied minors, and I don't know 6 of any validation that's been done on any refugee -- 7 well, for refugees there has been. There are tests, 8 but those are more for adults. But for youth I'm 9 not aware of any. 10 So at times we have to just get as close 11 as we can, so I try to at least get tests that have 12 validation and norming on Spanish-speaking youth. 13 Often they're youth that are in this country that 14 were living here versus youth that are coming from 15 another country here. 16 So that's one of the dilemmas of using 17 these tests. 18 Q. It seems like there's a need there. 19 A. There's a huge need, yeah. 20 Q. Do you record the interview in any way 21 either audio or video? 22 A. I do not, no. I just take notes.</p>	<p style="text-align: right;">Page 145</p> <p>1 that I used with Doe 4. They were all 2 self-reported. Even if he was being assisted, they 3 were primarily self-reported, that's right. 4 Q. I know there's some tests out there that 5 have validity scales. 6 What does that mean? 7 A. Validity scales are scales that are 8 embedded -- well, there's two kinds of validity 9 scales. One are tests that simply assess for 10 malingering, you know, that someone -- the problem 11 is a lot of those are based on adults. It's a whole 12 different context from working with youth. 13 So the validity tests basically get at 14 whether someone, and they ask questions to -- they 15 throw a few very preposterous questions in. So, for 16 instance, if somebody agrees to a lot of this, 17 they're thinking, you know what, they're likely not 18 telling the truth because nobody would ever agree to 19 this kind of question. If it's embedded in a test, 20 and it was in the Trauma Symptom Checklist for 21 Children, that's one reason I use that. There is a 22 Spanish version. There is a validity scale in</p>

<p style="text-align: right;">Page 146</p> <p>1 there. And it basically gets at whether they're 2 trying to overexaggerate or underestimate their 3 situation, their symptoms basically. 4 So it's looking at -- it's not so much 5 looking at are they telling the truth about X, Y and 6 Z; are they telling the truth about their current 7 functioning. So it doesn't say if he's telling the 8 truth about what happened at Shenandoah, but it 9 tells me there's some validity -- and his scales 10 were okay as I recall, I'd have to go back and look, 11 but they were valid, meaning that he wasn't trying 12 to overexaggerate or underestimate his current 13 symptoms. 14 And why might people do that? Well, to 15 win a lawsuit, to get certain benefits. If they 16 exaggerate certain disability symptoms they can get 17 disability. 18 So there's other things that we look at 19 for validity besides what's in these scales, but 20 that's the reason to try to use some. The problem 21 is there's no malingering test that's validated and 22 normed on adolescents, particularly adolescents who</p>	<p style="text-align: right;">Page 148</p> <p>1 I think part of it was -- again, I'd have 2 to look at the specific tests to say why I chose 3 that for him versus for Doe 4. I think there was 4 some that I used that were the same, but I think 5 there were some that were different. 6 Q. And do you still have copies of the tests 7 that you administered? Do you have -- 8 A. Yes. 9 Q. -- your own files for these -- 10 A. Yes. 11 Q. -- individuals? 12 A. Yes. 13 Q. In Paragraph 105 you kind of summarized 14 your -- I think you talked about this when I asked 15 you how you do these evals., your kind of discussion 16 with him about the purpose of the evaluation and 17 what you're there to do. And you say, "He was 18 informed I would be providing a written report to 19 his lawyers that would also be submitted to the 20 court." 21 Was it your understanding at the time -- 22 this would have been July 2018 -- that this report</p>
<p style="text-align: right;">Page 147</p> <p>1 speak Spanish or who are migrants or unaccompanied 2 minors, so, again, that's part of the problem. 3 Q. You mentioned that I think the TSCT had a 4 validity scale. 5 Do you know if any of the other tests you 6 gave him did? 7 A. No. For Doe -- no. For Doe 4, I believe 8 that was the only one that had a validity scale. I 9 know for Doe 1 there were two that had validity 10 scales, but for Doe 4 that was the only one. 11 Q. And I think when you evaluated Doe 1 you 12 used ten tests. 13 Is there a reason why you would use ten 14 with John Doe 1 and only five with John Doe 4? 15 A. Off the top of my head, I believe part of 16 it was because I was doing a number of things in 17 that evaluation. I was having to assess for 18 competency plus looking at his immigration case, so 19 I had to get at trauma in different ways. 20 I think part of it had to do with the 21 complexity of the case, you know, because, again, it 22 wasn't just one evaluation. It was several.</p>	<p style="text-align: right;">Page 149</p> <p>1 would be used in the lawsuit? 2 A. We're talking about Doe 4 now, right? 3 Okay. 4 Q. Yes. 5 A. This current lawsuit, I believe -- well, 6 yes, yes. Well, I didn't know -- I mean, when I 7 give a report to a lawyer, it's up to them whether 8 they want to use it. 9 So in that sense I knew it was potentially 10 going to be used, but I never know if it's going to 11 be rejected or not. 12 Q. Right. And I assume that it was 13 John Doe 4's lawyers who asked you to do the 14 evaluation, right? 15 A. I'm sorry, that it was who? 16 Q. It was John Doe 4's lawyers who asked you 17 to do the evaluation? 18 A. I've got to think about that for a minute. 19 Q. If it wasn't, let me know. 20 A. Well, you're talking about for the civil 21 case, yeah. The reason I hesitated is because with 22 the Young Center I get involved with so many</p>

<p style="text-align: right;">Page 150</p> <p>1 different -- yeah, no, this simply came as a result 2 of this case, that's right. 3 Q. And my understanding was that you were 4 initially -- and I think we talked about this this 5 morning, but you initially evaluated John Doe 1 at 6 the request of the Young Center, and then -- 7 A. Yes. 8 Q. -- the lawyers who were involved in this 9 case -- 10 A. That's right. 11 Q. -- asked you to look at John Does 2, 3 and 12 4 -- 13 A. Right, whereas this was -- 14 Q. -- right? 15 A. -- the other way around and I haven't been 16 involved with the Young Center or anybody else on 17 this case, on Doe 4, just the civil attorneys, 18 right. 19 Q. Right. And did he know that, that you 20 were there at the request of his attorneys? 21 A. Yes, he did. 22 Q. Okay. Was anyone else in the room with</p>	<p style="text-align: right;">Page 152</p> <p>1 A. Well, just in general, for any -- you 2 know, whether it's a medical doctor or a 3 psychologist, clinical social worker, if we have 4 access to other records, it helps us to know prior 5 history just to be consistent with things; so, I 6 mean, it's pretty much a standard that we all 7 utilize. Sometimes we don't have access to prior 8 records, so when we do, the reason in this case to 9 have access to that is to understand what his 10 experience has been through the detention system, 11 just looking at how he functioned, why he was 12 transferred. 13 In this particular case the reason I -- so 14 there are times that I would review records and it 15 might not be relevant to a case at all. In this 16 case I felt it was because there was abuse that had 17 occurred at one of the facilities, and I felt that 18 that was important to be aware of also because this 19 is a young man who I found to have posttraumatic 20 stress disorder who experienced a great deal of 21 trauma in his home country; and I felt that it was 22 important to be aware of that trauma because that's</p>
<p style="text-align: right;">Page 151</p> <p>1 you besides the translator and John Doe 4? 2 A. No. Well, no, I take that back. For the 3 first 10 minutes Ms. Lieberman was with me just to 4 make sure that everything was calm and that 5 everything was functioning well, and she sat over in 6 the corner and then she left. She stayed just for 7 the first part of the evaluation, the first five, 8 ten minutes where I was just getting to know him and 9 explaining the purpose of it, and she left after 10 that. That was on the first day that I was there. 11 Q. Thanks for the clarification. 12 A. Yes. 13 Q. In Paragraphs, flipping ahead a couple of 14 pages, 124 and 125, you talk about John Doe 4's -- 15 I'll wait until you're there. 16 A. Yes. 17 Q. You kind of reviewed some of John Doe 4's 18 history at other facilities. 19 A. Yes. 20 Q. What is the -- could you kind of elaborate 21 or tell me what the importance of that is or why you 22 do that when you evaluate someone?</p>	<p style="text-align: right;">Page 153</p> <p>1 going to affect then how he behaves in his new 2 facility and then how he is treated and dealt with. 3 Q. And in these paragraphs I understand that 4 you're evaluating him, you're giving him the tests 5 that we've talked about, and you also reviewed some 6 records. 7 A. Right. 8 Q. How do you synthesize all of that into 9 your report? 10 A. When you say "how," do you mean like what 11 weight do I put on things? Or, I mean, I just try 12 to integrate -- I mean, I write the report in a 13 certain format, you know. I start with the history. 14 I mean, I follow a pretty similar outline for each 15 report. Obviously it's going to change depending on 16 the circumstances. 17 So I first talk about family history and 18 trauma. I then do a section on the results of what 19 I call the testing or the questionnaires, and I'll 20 often go through each test and talk about what I've 21 found in those tests. And then I try to do a 22 synthesis at the end where I bring it all together.</p>

<p style="text-align: right;">Page 154</p> <p>1 So as far as collaborative records, 2 usually they're simply brought in just to highlight 3 certain points. Again, it just depends on the 4 situation. You know, they're alluded to in the 5 report and they're looked at, and if there's 6 something specifically that I'm relating to that 7 like here I document that. 8 So there is a synthesis at the end and a 9 summary, but there's also specific sections that 10 like highlight the testing and what's done. 11 Q. In Paragraphs 124 and 125 specifically, 12 can you tell by looking at them if the two of you 13 talked about those events or if that's from your 14 review of documentation or both? 15 A. We're referring to 124 here and 123 did 16 you say? 17 Q. 124 and 125. 18 A. Oh, okay. This was -- this was actually 19 both. I was aware of this when I evaluated him, and 20 I just -- I think I asked at one point, you know, 21 what his experience was like there, and he just 22 talked about this and he corroborated what was here,</p>	<p style="text-align: right;">Page 156</p> <p>1 perspective who or what entity would have made that 2 decision to transfer him to Shenandoah? 3 A. Well, I'm assuming ORR, yeah. I don't 4 know. 5 Q. Okay. And then in Paragraph 134 you go 6 into what I think you've talked about a little bit 7 already, the idea of complex trauma. 8 A. Yes. 9 Q. And I think, correct me if I'm wrong, but 10 I think in John Doe 1's evaluation you decided that 11 he does not meet the requirements for diagnosis of 12 PTSD; is that right? 13 A. That's right. 14 Q. And I'm just wondering for my own 15 curiosity why John Doe 1 no on PTSD but John Doe 4 16 yes on PTSD. 17 A. So I'll give you the general answer then 18 the specific one. Someone can have been traumatized 19 but not have symptoms of trauma. It doesn't mean 20 they weren't traumatized. They just aren't 21 reporting nightmares or flashbacks or whatever. 22 So in Doe 1's case, he either -- I'd have</p>
<p style="text-align: right;">Page 155</p> <p>1 so I didn't take any separate notes on that. But 2 this was from both, for example, 123 and 124. 3 Q. And you know that because you can remember 4 sitting here today talking about it with him? 5 A. Yes. 6 Q. Okay. And then ultimately Doe 4 was 7 transferred to Shenandoah because of behavioral 8 problems and because he was deemed a flight risk, 9 right? I'm getting that from 128. 10 A. I believe that's correct, yes, right, yes. 11 Q. Do you know any more of the specifics with 12 regard to his behavioral problems? 13 A. And, again, for his case I did not have 14 ORR records, so I didn't have access. I believe he 15 had had a number of SIRs. I don't know how many. 16 And, again, I did not have access to that. I mean, 17 I did but I didn't -- yeah. 18 Q. And do you know -- 19 A. I'd have to go back and look at the dates. 20 Q. Do you know from a -- 21 A. I'm sorry. 22 Q. Do you know from an overarching</p>	<p style="text-align: right;">Page 157</p> <p>1 to go back and specifically look at it, either 2 didn't -- my guess is he didn't have enough symptoms 3 to give him that diagnosis whereas Doe 4 clearly did 4 and it was very specific. He talked about 5 nightmares, and so there was specific symptoms that 6 he gave that met that criteria. And you have to, 7 again, according to DSM-5 you have to look at the 8 number of different criteria that have to be met and 9 over what period of time. So Doe 1 did not meet 10 that and Doe 4 did. 11 But the other point that I'm making here 12 is that, and this goes back to the trauma-informed 13 care issues that you were asking about earlier, is 14 that a young man or a young woman who has been 15 traumatized, even if they don't specifically have a 16 diagnosis of PTSD, their diagnosis might be 17 depression, it might be conduct disorder, which 18 Doe 1 did have, for instance; but what gets missed 19 there is that when they've been traumatized, and 20 Doe 1 clearly was traumatized by his father in 21 particular, that the underlying issue beneath those 22 depression and behavioral problems is the trauma.</p>

<p style="text-align: right;">Page 158</p> <p>1 And so if we're just going to treat the</p> <p>2 conduct disorder or the depression, it's missing, in</p> <p>3 my mind and in my opinion, it's missing the</p> <p>4 underlying trauma that's the cause of those</p> <p>5 acting-out behaviors or that depression. So part of</p> <p>6 it is not just dealing with symptoms but dealing</p> <p>7 with the underlying issues.</p> <p>8 But Doe 1 did not meet criteria for PTSD.</p> <p>9 He just didn't meet DMS-5 criteria, but I felt like</p> <p>10 he had complex trauma simply because what complex</p> <p>11 trauma is is multiple, prolonged experiences of</p> <p>12 trauma, and he had multiple instances of abuse by</p> <p>13 his dad, and difficulties in what we call</p> <p>14 self-regulation, managing emotions, managing</p> <p>15 behaviors. They get triggered very easily in</p> <p>16 situations.</p> <p>17 So that's part of what we look at with</p> <p>18 complex trauma. It's not officially in DSM at this</p> <p>19 point. It likely will be in the next one that comes</p> <p>20 out. Obviously that remains to be seen. But it is</p> <p>21 something that's been talked about for a good ten</p> <p>22 years and is part of what has to be looked at</p>	<p style="text-align: right;">Page 160</p> <p>1 A. There's going to be variability.</p> <p>2 Q. Okay. Okay. And I think you mentioned</p> <p>3 complex trauma is not in the DSM yet, and is that</p> <p>4 what you mean by not yet recognized by the APA?</p> <p>5 A. That's right.</p> <p>6 Q. Okay. In Paragraphs 136 and 137 you quote</p> <p>7 John Doe 4 talking about some specific events.</p> <p>8 Was he able to identify names and dates</p> <p>9 for you when you talked to him?</p> <p>10 A. In general, no. There might have been one</p> <p>11 time he did. I'd have to go back and look at my</p> <p>12 note, but in general, no.</p> <p>13 I also have to say I did not ask -- he did</p> <p>14 not offer that and I did not specifically ask for</p> <p>15 dates and names.</p> <p>16 But the answer is generally no, I don't</p> <p>17 think he did.</p> <p>18 Q. And the purpose, I think you talked about</p> <p>19 this a little bit or alluded to it when you talked</p> <p>20 about validity scales, but the purpose of this</p> <p>21 evaluation was to assess John Doe 4's psychological</p> <p>22 functioning, right?</p>
<p style="text-align: right;">Page 159</p> <p>1 particularly with migrant youth, who many are</p> <p>2 traumatized, as well as kids who are in detention</p> <p>3 centers.</p> <p>4 Q. Is it safe to say on a theoretical level</p> <p>5 that different individuals and different kids</p> <p>6 respond to trauma in different ways?</p> <p>7 A. Sure.</p> <p>8 Q. And does that kind of very generally</p> <p>9 describe what you're talking about when you talk</p> <p>10 about why John Doe 1 might not meet the requirements</p> <p>11 for a PTSD diagnosis but John Doe 4 does?</p> <p>12 A. Say that to me again. I just want to make</p> <p>13 sure I'm following your reasoning.</p> <p>14 Q. What I'm getting at is the idea that you</p> <p>15 might have two kids who have equally horrific</p> <p>16 experiences in their past.</p> <p>17 A. Right.</p> <p>18 Q. One might have a diagnosis of A, B and C,</p> <p>19 and the second one might have a diagnosis of D, E</p> <p>20 and F, and that's just the manifestation of trauma</p> <p>21 in individuals, right? Is that a fair way of saying</p> <p>22 it?</p>	<p style="text-align: right;">Page 161</p> <p>1 A. Well, yes, and, again, just as part of any</p> <p>2 good psychological evaluation, I do want to get at</p> <p>3 his history. So, I mean, I'm going to ask about his</p> <p>4 childhood history, and I need to know about that and</p> <p>5 his reason for coming here.</p> <p>6 So even though that's not the primary</p> <p>7 focus, that's all relevant. I can glean how he</p> <p>8 relates to me by doing that, what he can tell me</p> <p>9 about his history, does that compare to other things</p> <p>10 that I know about his history. So there's a number</p> <p>11 of things.</p> <p>12 So yes, it is primarily about his</p> <p>13 functioning now and his experience at Shenandoah.</p> <p>14 Q. And is verifying the details of what he's</p> <p>15 saying particularly important to you in that</p> <p>16 exercise?</p> <p>17 A. I mean, I always try to look for that, and</p> <p>18 yes. So, I mean, important in the sense that do I</p> <p>19 have -- do I always know the reason why things</p> <p>20 might -- if it's consistent it tells me one thing;</p> <p>21 if it's inconsistent it tells me something else.</p> <p>22 If there are things that are, you know --</p>

<p style="text-align: right;">Page 162</p> <p>1 I mean, it could be a variety of things, but it's 2 important in the sense that it's relevant to the 3 evaluation. It could be relevant to their 4 credibility, for instance. 5 Q. In Paragraph 142 you write that Doe 4 6 reported there were some nice people at Shenandoah 7 who tried to help him and teach him to calm down. 8 Do you know who specifically he would have 9 been referring to? 10 A. He didn't give me names. He just said -- 11 well, he did mention Evenor, which I think I quoted 12 there, that had he tried to help him to some extent. 13 He didn't feel he went far enough. And I think he 14 was referring to there some of the guards that I 15 think he felt were good people or nice people. He 16 didn't give me names. He did give me Evenor's name, 17 but the other names he did not give me. 18 Q. But your understanding was that he was 19 referring to four staff as opposed to a clinician? 20 A. Yes. I mean, he did say guards at some 21 point. When I asked him who that was, he said, 22 well, Evenor and then some of the guards or</p>	<p style="text-align: right;">Page 164</p> <p>1 wanted to see where he went with that, so that was 2 the context for it. 3 Q. Sure. 4 A. As far as what he said, yeah, I mean, go 5 outside more, different kinds of games, manage their 6 money, yeah, I mean, I think this probably would be 7 consistent with what most of the kids would say. 8 What I found interesting though is that 9 he -- I mean, he basically said this all in one 10 sentence, so he clearly had some thoughts about it. 11 And the fact that he even commented on the color of 12 the walls, I mean, yeah, I mean, it's a minor issue, 13 but his point there was that it's a very sterile 14 environment, and I realize it's not a hotel, but I 15 think that's part of -- I mean, if there was a way 16 to make it more aesthetically comfortable for the 17 kids it would help in terms of some of their acting 18 out. 19 But yeah, I agree with you. It's probably 20 pretty typical of what most of the kids might say. 21 Q. In Paragraph 151, if that's the paragraph, 22 you describe something I think you've talked about a</p>
<p style="text-align: right;">Page 163</p> <p>1 something like that. 2 Q. Okay. And then in Paragraph 147 Doe was 3 asked what he would change about Shenandoah if he 4 were in charge, and he responded with the following: 5 "The way they treat us, improve the food, be less 6 strict, get us outside more, different types of 7 games, change the color of the walls - everything is 8 white, more comfortable chairs, and teach kids how 9 to work, be organized, and manage their money." 10 And I'm not trying to be flippant in any 11 way, but to me this kind of seems like a complaint 12 list for any kid in John Doe's 4 situation and maybe 13 even a lot of teenagers who aren't detained. 14 Did it not strike you that way? 15 A. Let me -- and again, remember, I was 16 simply at the end of the interview, I just was -- 17 sometimes I'll end on a note and just say is there 18 any -- like if I know it's going before a judge, 19 I'll say is there anything particular you feel is 20 important for me to know or for the judge to know. 21 So in this case I just said, you know, if 22 you were in charge here what -- I just kind of</p>	<p style="text-align: right;">Page 165</p> <p>1 few times, this concept of losing a point versus not 2 being awarded a point because you haven't earned it. 3 A. Right. 4 Q. And kind of on a conceptual level and 5 understanding that it may have been documented as 6 having a point taken away, do you know if that's how 7 it was communicated at all times to John Doe 4 or to 8 any of the Does? 9 MS. LIEBERMAN: Object to the form. 10 BY MS. HAYNES: 11 Q. Let me try again because it's a 12 complicated issue, and I'm trying to understand. 13 A. Sure. 14 Q. So before a certain point -- we agree 15 there was a change in the behavioral management 16 program; is that right? 17 A. My understanding was there was. I mean, I 18 can't attest to that. I never saw the before and 19 after, but that's what I'm hearing. 20 Q. Okay. My understanding is that was 21 August 2016. 22 A. Okay.</p>

<p style="text-align: right;">Page 166</p> <p>1 Q. And I take it to be your opinion that the 2 distinction between losing points or not being 3 awarded points because you haven't earned them has 4 never been successfully implemented based on your 5 review of the documentation. 6 A. I would say -- 7 Q. Is that fair? 8 A. Yes, not successful in the sense of not 9 consistently done. I believe there probably is some 10 misinterpretation on the part of the kids, but I 11 also do believe that there were times that young 12 people had already earned points for certain things 13 they had done and that those points were taken away, 14 and, I mean, that -- I mean, there were just a 15 number of kids that talked about that. And you can 16 say, yes, some of that was slippage, but just the 17 way it was documented, there was one in particular, 18 and I don't remember which one, where clearly there 19 was a point that had already been earned for a 20 behavior, and it was documented in the note that 21 this was taken away. So for me that was a clear 22 example of a point lost.</p>	<p style="text-align: right;">Page 168</p> <p>1 where a point had been earned and then that earned 2 point was taken away. 3 Do you remember which Doe or which youth 4 that occurred with? 5 A. You know, I tried to -- I didn't quite get 6 finished. Over lunch hour I was trying to go 7 through just to give you some examples, and I was 8 looking for that in particular. 9 I believe -- well, I'm assuming you just 10 looked over Doe 4, so if it was Doe 4 you probably 11 would have picked up on it because I did put it in 12 the report. So it must have been one of the other 13 Does. I'm thinking it was either 2 or 3. I think 14 it was either 2 or 3. 15 Q. Okay. 16 A. But I did document where I got that 17 information from, and I took it verbatim from the 18 report. And that was one example for me that just 19 seemed very clear cut because it did mention that 20 their points had already earned and now they were 21 being taken away, and that's part of what triggered 22 this kid to act out.</p>
<p style="text-align: right;">Page 167</p> <p>1 So my guess is there's some slippage 2 there. Either way for me -- and I'm for point 3 systems. I mean, I want to make that clear. I 4 mean, you need to have that way of behavioral 5 management in systems like this. But how it's 6 implemented, if it's done inconsistently or 7 unfairly, it triggers for these kids a 8 demoralization and acting out. And I do believe 9 there were times that staff did not follow the 10 protocol properly and actually did take points away, 11 and other times I think the kids misinterpreted it. 12 Other times the kids misinterpreted it, so I think 13 it's both. 14 Q. Okay. Are you able to say what percentage 15 was which scenario, what percentage of kids 16 misunderstanding and what percentage is guards not 17 following or staff not following the procedure? 18 A. No. I mean, what percentage? 19 Q. Do you remember -- 20 A. I don't know. 21 Q. -- which -- you were referring to that 22 specific instance that you saw in documentation</p>	<p style="text-align: right;">Page 169</p> <p>1 Q. Did you ever feel like you wanted to or 2 should talk to the people who were doing the 3 documenting to get kind of what their perspective 4 was on it? 5 A. I mean, that certainly would be nice. I 6 mean, again, the more information I have the better, 7 you know, place I'm at to make an accurate opinion. 8 That simply was -- well, there was no time to do 9 that. Again, my primary reason to be there was to 10 evaluate the young man. 11 So, you know, I think point well taken 12 again if I'd had that access, but that simply -- 13 generally in these cases that's not what -- I don't 14 know if it's that we haven't been allowed to do that 15 or it just hasn't been done. I don't know. 16 Q. No, I understand, and I'm not trying to 17 be -- I'm not trying to pick an argument with you. 18 I just have trouble with that concept as a semantic 19 issue. 20 In Paragraph 153, and this looks like -- 21 again, this is a paragraph where I look at it and it 22 looks like you were looking at documentation when</p>

<p style="text-align: right;">Page 170</p> <p>1 you drafted this particular paragraph, but can you</p> <p>2 tell if you also discussed this incident with</p> <p>3 John Doe 4?</p> <p>4 A. Which, I'm sorry?</p> <p>5 Q. It kind of goes with the preceding.</p> <p>6 A. Which number are you looking at?</p> <p>7 Q. I'm looking at 151 --</p> <p>8 A. Oh, okay.</p> <p>9 Q. -- to 153.</p> <p>10 A. Okay.</p> <p>11 Q. It talks about this incident on</p> <p>12 February 4th, 2018. And as I read it, it looks like</p> <p>13 you obviously were referring to documentation</p> <p>14 because you have specific dates.</p> <p>15 But can you tell by looking at this</p> <p>16 paragraph if there was something you would have</p> <p>17 talked about with John Doe 4 too?</p> <p>18 A. I did not talk to him about this one.</p> <p>19 Q. Okay. And is that just because of your</p> <p>20 recollection?</p> <p>21 A. No.</p> <p>22 Q. Do you just remember whether you talked</p>	<p style="text-align: right;">Page 172</p> <p>1 i.e., the progressive measures of the behavior</p> <p>2 management programs had been followed, then force</p> <p>3 very likely would not have been necessary.</p> <p>4 And I just wanted to know what less</p> <p>5 restrictive measures you had in mind when you wrote</p> <p>6 that.</p> <p>7 A. So with all of these examples that I'm</p> <p>8 giving I try to give examples where -- because there</p> <p>9 were examples that I reviewed where I felt it was</p> <p>10 handled appropriately. But the examples that I gave</p> <p>11 here were examples I took literally from the records</p> <p>12 from reviewing the disciplinary reports, the SIR</p> <p>13 reports as well as the case management and progress</p> <p>14 notes, if there was any connection there. In other</p> <p>15 words, sometimes the dates didn't match up, but I</p> <p>16 tried to as much as I could look at all of that and</p> <p>17 report -- even though I wasn't there and didn't ask</p> <p>18 the young man about it tried to put down what I was</p> <p>19 gleaned from the report.</p> <p>20 So in this particular case he was -- I</p> <p>21 believe it was about his fingernails, led to his</p> <p>22 failure to earn a point, led to -- again, this came</p>
<p style="text-align: right;">Page 171</p> <p>1 about it with him?</p> <p>2 A. No. As I'm looking at this I realized</p> <p>3 when I -- well, it's a recollection, but also like</p> <p>4 the Children's Village situation I explicitly -- we</p> <p>5 did talk about that because I just wanted to see</p> <p>6 because for me that's some corroboration, you know.</p> <p>7 If he says I was abused at the other facility, and</p> <p>8 then they found that it wasn't, that might tell me</p> <p>9 one thing.</p> <p>10 So in that case I specifically wanted to</p> <p>11 know about that, so that's why I remembered that.</p> <p>12 In this case when I put on Page 36 review</p> <p>13 of Doe 4's declaration and disciplinary reports, for</p> <p>14 the most part that's done simply by reviewing</p> <p>15 documents. So only in exceptional circumstances</p> <p>16 like the Children's Village situation would I</p> <p>17 specifically have asked about it.</p> <p>18 Q. Okay. That makes sense.</p> <p>19 So in Paragraph 153 your conclusion kind</p> <p>20 of is in this incident, if less -- and the incident</p> <p>21 I guess you're referring to is in 151 and 152, if</p> <p>22 less restrictive measures had been implemented,</p>	<p style="text-align: right;">Page 173</p> <p>1 from -- I pulled this right from the report,</p> <p>2 argument/power struggle, he assaulted staff and</p> <p>3 punched a table.</p> <p>4 So I think where I was going in this case</p> <p>5 was that -- let's see. He was known to show -- so</p> <p>6 my point here, and I guess this is a point that I</p> <p>7 felt with many of the disciplinary reports that I</p> <p>8 looked at and SIR reports that an incident that was</p> <p>9 considered fairly minor -- I mean, not cutting your</p> <p>10 fingernails is one thing, and, you know, hitting a</p> <p>11 staff member is another, there's a continuum</p> <p>12 there -- just felt to me like many times these minor</p> <p>13 incidents all the sudden went into some major either</p> <p>14 room confinement, room isolation or going into</p> <p>15 restraints.</p> <p>16 And when I went back and looked at what</p> <p>17 the staff, the progressive policy that they were</p> <p>18 implementing, they would often talk about verbally</p> <p>19 redirect a patient or in this case a detainee client</p> <p>20 or then went to point loss, but they didn't start</p> <p>21 with engaging in verbally active listening. And</p> <p>22 that's the first thing that's talked about in the</p>

<p style="text-align: right;">Page 174</p> <p>1 protocol. And it is an -- it's an act of listening 2 that's important but it's engaging this kid. 3 So, for instance, you know, Doe 4, come 4 on, what's going on with your fingernails? I mean, 5 come on, let's not make this a big issue here. 6 What's happening? In other words, trying to engage 7 the kid rather than going to, look at, I need you to 8 do your fingernails or whatever happened here 9 because something happened where it quickly went to 10 an escalation. I realize at that point they've got 11 to intervene. I'm not questioning that. 12 What I'm questioning is it's like the bell 13 curve, you know. When the kid has got the temper 14 tantrum up here, you've got to deal with it, but if 15 you can catch it on the way up, and I felt in a 16 number of these situations it wasn't caught on the 17 way up because verbal de-escalation and engagement 18 was not used by the staff, so that's really what I'm 19 getting at here. 20 Q. Understood. Is it possible in at least 21 some of those circumstances that there was some 22 attempt at verbal de-escalation and it wasn't</p>	<p style="text-align: right;">Page 176</p> <p>1 intervene, and it just seemed like what they did was 2 appropriate, even if it was one of, you know, the 3 kids -- well, it was probably either Doe 1 or Doe 4 4 or 2 or 3 where it seemed like, you know, that's 5 appropriate; I can't fault them for that. But no, 6 so there's no report that I put that in. 7 I did try to be fair with both with the 8 mental health and whatever if I felt there was at 9 least some efforts being made. I didn't go into 10 specifics with that. Well, sometimes I did with the 11 mental health stuff. I did. I think I listed in 12 here, it might have been for Doe 4, some efforts 13 that were made by the counselors to try to 14 appropriately respond to him. I just felt they 15 didn't go far enough. But I didn't do the same 16 thing with the disciplinary reports, you know. I 17 didn't put the times in that they had done it 18 properly or where I felt they had done it properly. 19 Q. Was there any particular reason why you 20 did include some of that with respect to mental 21 health but not with the disciplinary reports? 22 A. To be honest with you, no particular</p>
<p style="text-align: right;">Page 175</p> <p>1 documented? 2 A. You know, I come from a medical 3 environment where if it's not documented it didn't 4 happen. It's possible, but that's where I come 5 from. 6 Q. Gotcha. You said that there were some 7 examples you reviewed where you felt that things 8 were handled appropriately. 9 Can you think of examples? 10 A. Where they were handled appropriately, is 11 that what you said? 12 Q. (Nods head.) 13 A. Yeah, you know, I didn't put those in this 14 report, but, yeah, I mean, there were. I mean, I'd 15 have to go back and look at, you know, my -- you 16 know, the specific situations. 17 Q. Is there a report that you did put them 18 into? 19 A. No. I mean, an example would be if the 20 kid was already, you know, just went and hauled off 21 on another kid and started beating him in the gym, I 22 mean, at that point, you know, staff had to</p>	<p style="text-align: right;">Page 177</p> <p>1 reason. I just -- no, no. I mean, there was no -- 2 I just didn't think about it. 3 Q. I do appreciate you keeping the report 4 under 75 pages. 5 A. Yeah, and I would -- I mean, just to be 6 honest, the reason I'm even sharing that with you is 7 I wouldn't necessarily say it was an oversight. 8 It's not something I'm trying to hide. I mean, I do 9 think, again, just like with the mental health, I 10 think there were some things that they did that they 11 tried to do what was right and even with the guards. 12 But for me the bulk was outweighed by other 13 situations that I felt just they missed the boat and 14 they didn't use verbal de-escalation, things 15 escalated, and I feel like they missed the whole 16 trauma impact on. 17 And I can also give you other examples if 18 you want later. I did go through and pick out some 19 things that I think might help you understand more 20 where I'm coming from. 21 So I'm not afraid to say that yes, I think 22 at times they handled a situation properly but just</p>

<p style="text-align: right;">Page 178</p> <p>1 didn't put it in the report.</p> <p>2 Q. Okay. Okay. In 156 -- give me a minute</p> <p>3 to find it.</p> <p>4 At the bottom of that paragraph you</p> <p>5 conclude by saying, "It is my sense that Doe 4 was</p> <p>6 viewed as just another 'detainee' at Shenandoah</p> <p>7 without fully taking into account his prior</p> <p>8 traumatic history or that he was an unaccompanied</p> <p>9 minor seeking asylum who was not in detention</p> <p>10 because of having committed a crime."</p> <p>11 And I guess I was wondering what your</p> <p>12 understanding was of why he's in detention. I mean,</p> <p>13 obviously I think we all understand he was in</p> <p>14 detention because of his immigration status but why</p> <p>15 he was at Shenandoah specifically.</p> <p>16 A. Could I go back and look at earlier --</p> <p>17 Q. Sure.</p> <p>18 A. Because sometimes -- I don't want to mix</p> <p>19 the kids up.</p> <p>20 Okay. I don't want to waste a lot of the</p> <p>21 time here. I know there was one, and I don't --</p> <p>22 that's the reason I wanted to be sure. I know for</p>	<p style="text-align: right;">Page 180</p> <p>1 facility?</p> <p>2 A. Secure, you're right.</p> <p>3 Q. And "This all makes no sense."</p> <p>4 So I guess what I was trying -- is there</p> <p>5 anything with this paragraph that has to do with</p> <p>6 Shenandoah in your mind?</p> <p>7 A. Yeah, I understand.</p> <p>8 Q. My understanding is that you're being</p> <p>9 critical of the process --</p> <p>10 A. Right.</p> <p>11 Q. -- that got him there, but it's not</p> <p>12 anything that Shenandoah had anything to do with.</p> <p>13 Is that fair?</p> <p>14 A. Let me just quickly look at the paragraph</p> <p>15 before and after. There's no traumas, right. So he</p> <p>16 came in. Let's see.</p> <p>17 Q. And I want to ask you about 158 too, but</p> <p>18 with respect to 157, that's about other things.</p> <p>19 A. I mean, to a point you're right, but I'm</p> <p>20 also tying it to the last sentence in 156 where it's</p> <p>21 my sense that Doe 4 was viewed as just another</p> <p>22 detainee, which you read before. What I was trying</p>
<p style="text-align: right;">Page 179</p> <p>1 the most part it's due to aggressive or assaultive</p> <p>2 behavior, you know, that's been quite frequent; or</p> <p>3 if there has been I guess a committed crime in the</p> <p>4 past particularly of a violent nature.</p> <p>5 I know there was one youth, and I don't</p> <p>6 think it was Doe 4, I'm pretty sure it wasn't, who</p> <p>7 had gone on record initially as saying that he, I</p> <p>8 don't know if it was through gang activity or</p> <p>9 whatever, may have killed somebody or did kill</p> <p>10 somebody and later recanted that, and I believe that</p> <p>11 was part of the reason that he was sent. It might</p> <p>12 have been Doe 3 or Doe 2, but that's the reason I</p> <p>13 was checking.</p> <p>14 So I don't remember specifically, but I</p> <p>15 suspect it was for aggressive behavior and possibly</p> <p>16 being a flight risk as I recall.</p> <p>17 Q. Okay. In the next paragraph, 157, you</p> <p>18 sort of recount some things that happened at</p> <p>19 Children's Village and how he got to Shenandoah.</p> <p>20 You say sort of in the middle shortly after this</p> <p>21 Doe 4 was transferred to a staff secure facility.</p> <p>22 And actually Shenandoah would be a secure</p>	<p style="text-align: right;">Page 181</p> <p>1 to highlight was that here was a young man who</p> <p>2 had -- who, first of all, clearly had a history of</p> <p>3 trauma that he reported to me anyway. And actually</p> <p>4 when I looked at the records he had reported this to</p> <p>5 other professionals in his other facilities. And I</p> <p>6 believe the psychiatrist at Children's Village had</p> <p>7 diagnosed him with PTSD. I thought he did an</p> <p>8 excellent -- it was an excellent report there.</p> <p>9 I just felt like now he's coming to</p> <p>10 Shenandoah, so I think this bridge paragraph of 157</p> <p>11 was to highlight two things. One, he had a prior</p> <p>12 history of trauma; they were recognizing his need</p> <p>13 for residential treatment because of that, and that</p> <p>14 was documented -- I don't know if it was San Antonio</p> <p>15 or whatever -- but also that while he was in custody</p> <p>16 he was abused. And that -- for me that was</p> <p>17 significant for Shenandoah to be aware of is that</p> <p>18 this is a young man who is going to come in not</p> <p>19 trusting authority figures, not feeling safe just</p> <p>20 because of what's happened to him not only in his</p> <p>21 own history but also at the prior facilities.</p> <p>22 So I just felt, again, it was a bridge</p>

<p style="text-align: right;">Page 182</p> <p>1 paragraph to then get into I just felt like he 2 wasn't dealt with in a trauma-informed way. I felt 3 like they saw him as having bad behavior versus 4 trying to understand. This is a kid who is getting 5 triggered in the moment who is either fighting or 6 fleeing this situation, and we need to understand 7 that and talk to him and engage him rather than to 8 say, look at, you're going to lose points or 9 whatever other interventions they went to. I just 10 feel like they missed -- if they had a better 11 understanding of what was going on they would have 12 engaged him differently.</p> <p>13 So that was really the point of 157.</p> <p>14 Q. Okay. Thank you for the explanation. And 15 I think that's kind of where you make that 16 conclusion in 158, and now I understand how these 17 paragraphs work together.</p> <p>18 But I guess when you say Shenandoah should 19 have been aware -- this is 158 -- Shenandoah should 20 have been aware not only of Doe 4's prior behavioral 21 problems but also of his trauma history, that he had 22 been considered for a residential treatment center</p>	<p style="text-align: right;">Page 184</p> <p>1 That approach is not going to work with them. It's 2 got to be, you know, engaging him around this nail 3 thing and just, hey, Doe, what's going on here? 4 Help me understand; this isn't a big deal, you know, 5 giving them some room, as long as he's not hurting 6 himself or whatever at that point or others to give 7 him some room, say look at, let me check back with 8 you in two minutes, maybe we can talk about it a 9 little bit more, something to just slow that process 10 down because I realize this may be a symptom of his 11 just acting out his trauma rather than simply 12 disobeying a rule.</p> <p>13 And the same when these kids would get 14 angry or curse at the guards, they're acting out 15 their anger. And, again, nobody likes to have that 16 happen. You know, if that happened to me I would 17 feel something. But if I'm just going to react and 18 provoke the kid back, well, that's it, and this is 19 what I felt happened, that the guards were just too 20 reactive to situations that could have been handled 21 through engagement, relationship building and 22 building trust and realizing these kids don't trust.</p>
<p style="text-align: right;">Page 183</p> <p>1 and that he had been abused by Children's Village 2 staff, I mean, what makes you think that they did 3 not know those things?</p> <p>4 A. Well, I'm going back to just the few 5 examples we talked about earlier with him, that 6 where I'm coming from is that like with the nail 7 experience, for instance, if I'm going to see that 8 as a kid, you know what, you're simply disobeying, 9 these are basic rules, you've got to follow the 10 rules, I'm going to go one way. And for the average 11 kid that maybe is fine; look, you've got to follow 12 the rules, if you don't here's the consequence.</p> <p>13 But for traumatized kids who are refusing 14 to -- let's say who are being disrespectful or are 15 not following the rules, it's not necessarily coming 16 from a place of just trying to be bad. It may be 17 something about they're just angry kids because of 18 their prior trauma. They're going to act tough at 19 times because they don't trust the guards or the 20 staff. And if that's understood, I'm not going to 21 intentionally try to just confront that kid, you 22 know, or say look at, you've got to do something.</p>	<p style="text-align: right;">Page 185</p> <p>1 These are vulnerable kids who have been traumatized 2 who don't trust very easily, and so little things 3 can just set them up. It's like a spark.</p> <p>4 And if that's not understood, it basically 5 leads to more of a punishment or what I feel is a 6 punishment or control of that behavior rather than 7 getting at the underlying trauma that's triggering 8 that behavior.</p> <p>9 Q. So what I hear you saying is you don't 10 think that they took that information into 11 account --</p> <p>12 A. Yes.</p> <p>13 Q. -- or responded to his history 14 appropriately.</p> <p>15 A. Right.</p> <p>16 Q. But are you also saying that they didn't 17 know the facts of this prior history?</p> <p>18 A. I'm not necessarily saying that. I can't 19 say because I don't -- I think more what I'm saying 20 is I don't see them taking it into account.</p> <p>21 Q. Okay.</p> <p>22 A. I mean, that's based on, again, reading</p>

<p style="text-align: right;">Page 186</p> <p>1 the notes and not seeing them use that to deal with 2 these kids differently, so it's more that. 3 Q. I think I understand what you're saying. 4 And when you say "should have been aware," you're 5 kind of more talking about -- 6 A. Yes. 7 Q. -- aware in the theoretical sense, 8 responding to taking into account not the -- they 9 literally did not know that these things had 10 happened to him or that he had been suggested to go 11 to an RTC? 12 A. Right. It's more that he has been 13 traumatized and how can we use that to work with him 14 differently, yes. 15 Q. In 163, which is at the bottom of Page 40, 16 you say, "It is my opinion that SVJC staff was 17 negligent in its treatment of Doe 4." 18 Obviously negligent has a legal meaning, 19 but I was wondering what negligent means to you. 20 A. I'm just reading the paragraph here. 21 Q. Sure. 22 A. Well, I guess just off the top of my head</p>	<p style="text-align: right;">Page 188</p> <p>1 So, for instance, I do talks in various 2 universities around Chicago or whatnot, so I'm aware 3 of this literature and do talk about it, but I don't 4 think -- in some of these individual studies I've 5 referenced in other reports that I've done on not so 6 much in the civil cases because those were years and 7 years ago, and some of this is newer literature. 8 But this is primarily for this case, but it's 9 information that I was aware of prior to the case. 10 Q. And Paragraph 164 seems particularly bleak 11 to me. 12 Can I summarize that paragraph by saying 13 psychological harm is inevitable in detention? 14 A. Loosely, yes. I think so. It doesn't 15 mean that, you know, detention isn't appropriate for 16 some kids, but that's why many centers like, for 17 instance, the one here in Chicago, the Cook County 18 Detention Center, has gone to what's called 19 restorative justice and, again, looking at 20 least-restrictive alternatives to get a lot of 21 these, quote, kids who are there with crimes, you 22 know, being charged with delinquency in the</p>
<p style="text-align: right;">Page 187</p> <p>1 negligence for me would be, whether it's intentional 2 or unintentional, would be a blatant disregard for 3 what would be appropriate in a situation or what 4 would be ethical. I mean, I'm talking in general 5 here. 6 So I guess it would be a disregard for 7 either a commission or an omission, you know, 8 something directly done or something not done. 9 Q. Okay. In Paragraph 164, the next one on 10 Page 41, you talk about -- one thing I was 11 wondering, I guess I should pay more attention to 12 your subtitles, this section is Youth in the 13 Juvenile Justice System/Detention, and it's more 14 about or seems to be more about research and the 15 literature and your knowledge in the field. 16 Is this something that you would have 17 drafted for this case in particular, or is this 18 something that you can use from other cases or other 19 work that you've done? 20 A. A little bit of both, primarily for this, 21 primarily for this case, but, I mean, these are 22 things that I've read.</p>	<p style="text-align: right;">Page 189</p> <p>1 community and different placements rather than 2 keeping them in detention, and much of that is 3 because of just being in detention in and of itself 4 for a minor. 5 I mean, sometimes it's perhaps necessary, 6 but just being in detention deprives them of their 7 freedom. And even if they've done something to put 8 them in detention, they're with kids who have 9 sometimes done serious, very serious crimes, you 10 know, maybe murders or whatever, and other kids who 11 got caught with an ounce of marijuana and whatever. 12 And so it's mixing. And then they get influenced by 13 those kids and just has a very -- and there's a lot 14 of research from Australia and from England as well 15 as the United States on the harmful effects of just 16 being in detention independently of anything else 17 for a child or for a youth. 18 So yes, you're right. 19 Q. In Paragraph 166 over on the next page, 20 about the middle of that paragraph you say, "Thus, 21 the frequency and length of time juveniles are held 22 in isolation at Shenandoah as captured by BRG</p>

<p style="text-align: right;">Page 190</p> <p>1 statistics" ...</p> <p>2 A. I'm sorry, where are we?</p> <p>3 Q. So my understanding --</p> <p>4 A. Where are you?</p> <p>5 Q. It's about --</p> <p>6 A. Oh, yes, okay.</p> <p>7 Q. Paragraph 1 --</p> <p>8 A. Okay.</p> <p>9 Q. What are the BRG statistics?</p> <p>10 A. This is a -- I think it's a research group</p> <p>11 that was utilized by the lawyers on this case to</p> <p>12 look at documents provided by Shenandoah and to look</p> <p>13 particularly at statistics of how often restraints</p> <p>14 were used per kid per month per year and try to</p> <p>15 develop -- well, not try but developed an overview</p> <p>16 so that we could look at that. That's what I got</p> <p>17 the information for Doe 1 from in terms of how often</p> <p>18 he had been put in restraints.</p> <p>19 Q. And I think you said before that you</p> <p>20 didn't look at Dr. Diver's report, but did you look</p> <p>21 at -- I guess you looked at these tables that were</p> <p>22 compiled?</p>	<p style="text-align: right;">Page 192</p> <p>1 report as well as information from the ORR records,</p> <p>2 he had had multiple -- I knew he had been in</p> <p>3 restraints multiple times. I mean, that was clear.</p> <p>4 So when I saw that, it didn't seem unusual</p> <p>5 to me. I mean, what seemed unusual was the amount.</p> <p>6 I mean, it was a lot of time. I mean, it just jumps</p> <p>7 out at you.</p> <p>8 But it did seem consistent with what he</p> <p>9 was telling me and what ORR records indicated,</p> <p>10 so ...</p> <p>11 Q. Okay. Jumping over to Paragraph 174 on</p> <p>12 Page 44, and I think we've covered this a little bit</p> <p>13 already, but you say, "Trauma-informed approaches</p> <p>14 are the standard of care in all stages of the</p> <p>15 juvenile justice system," and we talked about the</p> <p>16 National Child Traumatic Stress Network and the</p> <p>17 Attorney General report that you cite in your</p> <p>18 report.</p> <p>19 Have I covered what you're referring to</p> <p>20 when you refer to standard of care as far as</p> <p>21 authorities that say this is the standard of care?</p> <p>22 A. I think for the most part, yes. I mean,</p>
<p style="text-align: right;">Page 191</p> <p>1 A. So is that the person that's from BRG? Is</p> <p>2 that why -- okay.</p> <p>3 Q. Yes.</p> <p>4 A. His name was never mentioned to me before.</p> <p>5 Okay.</p> <p>6 So I have not looked at all of the</p> <p>7 statistics. I've just looked at -- I mean, I know</p> <p>8 they exist, and the ones that I'm aware of are the</p> <p>9 ones from Doe 1 because I really tried to do --</p> <p>10 because there was so much to look at, and there</p> <p>11 was -- and, again, this came in I think two days</p> <p>12 before we submitted the report.</p> <p>13 So, I mean, I didn't include that other</p> <p>14 than just quickly getting what I needed for this</p> <p>15 report.</p> <p>16 Q. Understood. And so at that point you</p> <p>17 assumed their reliability and accuracy and all that?</p> <p>18 A. Well, I just assumed that, yes, right.</p> <p>19 Q. Okay.</p> <p>20 A. And I think partly why I assumed that with</p> <p>21 Doe 1, if I could just add, is that I knew that he</p> <p>22 had had -- I mean, that I was aware of both from his</p>	<p style="text-align: right;">Page 193</p> <p>1 it is also based on my experience of what I know, so</p> <p>2 not in terms of a regulatory authority but in terms</p> <p>3 of what I know other centers utilize. And I know</p> <p>4 there are other states that do this. I didn't list</p> <p>5 those.</p> <p>6 Well, actually I think I did put down -- I</p> <p>7 forget. It was somewhere else in this report where</p> <p>8 I think I did list some of the states. It was a</p> <p>9 footnote, I believe. At least it was in one of</p> <p>10 my --</p> <p>11 Q. I remember that too.</p> <p>12 A. So that was part --</p> <p>13 Q. I remember that too and I'm not --</p> <p>14 A. Yeah, it wasn't a regulatory authority in</p> <p>15 that sense, but it was indicating other states that</p> <p>16 have gone to revamping their juvenile justice</p> <p>17 systems utilizing trauma-informed care in a</p> <p>18 comprehensive way.</p> <p>19 And, again, just so I'm clear, I think</p> <p>20 there are certain things, aspects that are utilized</p> <p>21 at Shenandoah, but it's not in a comprehensive way.</p> <p>22 It's not integrated and woven into their work.</p>

<p style="text-align: right;">Page 194</p> <p>1 That's my concern. I feel like one hand doesn't 2 often know what the other is doing or that if the 3 approach is primarily to get these kids to behave 4 better, and I understand they want the kids to 5 behave better, but you can't just tell a kid to 6 behave better and give them an incentive if he has 7 been traumatized because his trauma is going to get 8 retriggered no matter what the intentions of staff 9 are; and if they don't understand that, that's where 10 the collision occurs.</p> <p>11 So that's where I'm coming from with that.</p> <p>12 Q. I asked you about this earlier, and I'm 13 not sure I understood what you said, so I'm going to 14 try again.</p> <p>15 A. Yeah.</p> <p>16 Q. So to me a trauma-informed approach seems 17 to lend itself to a continuum really well because 18 you have some facilities that are doing a couple 19 of -- or you have some facilities that are not doing 20 anything in a trauma-informed way, and they're at 21 one end of the spectrum; and then you have some 22 facilities that are doing a couple of things that</p>	<p style="text-align: right;">Page 196</p> <p>1 well ahead of a system that just started it a month 2 ago. On the other hand, there's an unfolding of an 3 entire process that has to happen right from the 4 beginning.</p> <p>5 So when I say yes and no I do get your 6 point, but I look at it as more of an immature 7 versus a mature system. And for me trauma care 8 isn't just doing an assessment on a kid and asking 9 about abuse, making sure they get the right 10 medication for that or the therapy for that. It's 11 also the entire environment has to be viewed as 12 being a part of what could retrigger that kid's 13 trauma, and that's where staff training, staff 14 understanding their own reactions, having support 15 groups for the staff, whatever, to help them to 16 process what's happening so they don't trigger the 17 kids.</p> <p>18 That's part of why I put in the section on 19 interpersonal dynamics from places where I've 20 worked, which has included hospitals, schools, 21 inpatient, residential, where if staff don't 22 understand how they're getting triggered, they can</p>
<p style="text-align: right;">Page 195</p> <p>1 are trauma-informed; and then at the other end of 2 the spectrum you have a facility that is fully 3 trauma-informed and doing all the things that you 4 can imagine or suggest in that realm.</p> <p>5 So is it not -- I mean, tell me what I'm 6 misunderstanding, if I am, but is it not a continuum 7 of compliance with what you say is the standard of 8 care of some facilities being at one end and some 9 facilities being at the other?</p> <p>10 MS. LIEBERMAN: Asked and answered.</p> <p>11 BY MS. HAYNES:</p> <p>12 Q. You can answer. I'm just trying to 13 understand.</p> <p>14 A. Yeah, I'm just thinking about your 15 question.</p> <p>16 Yeah, I mean, yes and no. I'm going to 17 say yes and no. I see your point. And when 18 facilities are maybe changing their approach or 19 whatever, there has got to be a starting point.</p> <p>20 So in that sense I understand your point 21 that, you know, a system that's been using some kind 22 of trauma-informed care for ten years is going to be</p>	<p style="text-align: right;">Page 197</p> <p>1 easily consciously, unconsciously, verbally or 2 nonverbally provoke a kid; and if I don't understand 3 that, this kid is going to be off and running. It's 4 that type of stuff that I see getting missed, and 5 that should be there right from the beginning in 6 some form.</p> <p>7 So I kind of understand where you're going 8 and I agree with that, but I also think that right 9 from the beginning there needs to be -- the whole 10 pie needs to be there even if it's in its beginning 11 stages.</p> <p>12 Q. Understood. Thank you for explaining it 13 to me.</p> <p>14 And it sounds like what you're saying is 15 you can implement some trauma-informed approaches or 16 trauma-informed tools and still not have a 17 trauma-informed approach because of the way you're 18 implementing it.</p> <p>19 Does that kind of get at what you're 20 saying?</p> <p>21 A. Yeah, I think that's more -- that's how 22 it's implemented, right, and it's got to be full</p>

<p style="text-align: right;">Page 198</p> <p>1 circle, comprehensive in that not just the detainee 2 and the immediate clinical staff. A lot of times 3 people think of trauma-informed care as just being 4 the clinical staff providing understanding, but it's 5 all of the staff. 6 So, for instance, maybe another way of 7 looking at this is the anti-bullying programs that 8 have come out over the last several years, the ones 9 that are the most effective don't just target the 10 individual being bullied and the person doing the 11 bullying. It also targets the bystander, the kid 12 walking by, the teacher who looked the other way. 13 There has got to be a buy-in from the principal on 14 down to the janitor so that everybody understands 15 that we don't tolerate certain things in this 16 school, you know; there's a culture of respect. 17 So that's what I mean by a total buy-in 18 and a total package that I just don't see happening 19 here. And the reason I don't see it happening is I 20 don't see it indicated in the notes, you know, that 21 they were understanding it from a trauma-informed 22 perspective.</p>	<p style="text-align: right;">Page 200</p> <p>1 assumed it was initials, gang-related, I don't 2 remember that part of it, but that's clearly where 3 the focus went. And what got missed there was that 4 almost independently of what he is carving is that 5 he's hurting himself, and, you know, what's going on 6 there? If it was about being bullied, that's what 7 needs to be focused on. That's the trauma in that 8 moment. 9 And the kids that were bullying him, 10 again, this is going to be a trigger related to 11 stuff with his father, and he reported that -- and I 12 forget which one it was, it's one of the next where 13 he clearly talks about being reminded of his father 14 the way the guards were speaking to him, it was a 15 huge trigger for him. 16 So the therapist has to help him make 17 those connections in that moment of being bullied, 18 hearing that, does this remind you of your dad, does 19 this -- let's understand this is a part of trauma, 20 and explain to that kid here's what happens when 21 you're traumatized. You're going to have these 22 things that remind you of that, and it's going to</p>
<p style="text-align: right;">Page 199</p> <p>1 The best example would be Doe 1, and I 2 don't want to get us off of this, but I can give you 3 a clear example that might help you to understand 4 kind of where I'm coming from, but you can let me 5 know if you want me to go there at some point. 6 Q. If you know off the top of your head, go 7 ahead. 8 A. Yeah, again, I was trying to pull some 9 things over lunch, the examples. 10 So if we go to Page 9 -- well, yeah, we 11 can just start with Number 38 where he refused to 12 leave his room, and he engaged in self-injurious 13 behavior. He carved initials on his chest, began 14 banging his head against the wall. 15 The note on 7/11 -- I couldn't find the 16 note from 7/10, so I assume they didn't see him on 17 7/10, they saw him the next day, the clinician, the 18 counselor, suggested that they noticed the 19 self-destructive behavior was in response to being 20 chronically bullied by one of his peers. However, 21 the focus in that session was then on what it was 22 that he was carving in his chest, and I think they</p>	<p style="text-align: right;">Page 201</p> <p>1 cause you to do whatever. So we need to understand 2 that; now let's start working out a way to help you 3 to manage that better. 4 So, again, my point here was that his 5 underlying feelings of being ashamed, the 6 self-loathing did not get addressed, which might 7 have reduced his whatever. What got focused on was 8 what he actually carved. They just simply missed. 9 My guess is it was somebody who was a bit younger, 10 not as sophisticated clinically. 11 The issue -- 12 Q. That -- 13 A. Go ahead. 14 Q. I'm sorry, that to you stands out as an 15 example of what you see as the problem and issue? 16 A. It may not be the best example, but it's 17 an example, yeah. Superficial things get reported 18 on, the behavior gets focused on, but not the 19 underlying feelings or the underlying trauma that 20 may be triggering it. 21 Q. I want to back up a little bit to 22 Paragraph 159, which is Paragraph -- or I mean</p>

<p style="text-align: right;">Page 202</p> <p>1 Page 39.</p> <p>2 A. Page -- mine got out of order here.</p> <p>3 Q. Page 39, Paragraph 159.</p> <p>4 A. Okay.</p> <p>5 Q. It's about halfway through the paragraph.</p> <p>6 You start a sentence with "although."</p> <p>7 A. Yes.</p> <p>8 Q. And you go on to say, and I'm</p> <p>9 paraphrasing, that while it's not possible to</p> <p>10 determine to what extent his experiences at</p> <p>11 Shenandoah exacerbated his PTSD if they did somehow,</p> <p>12 and I just wanted to ask you about that as a general</p> <p>13 idea.</p> <p>14 Is it possible to tease out what trauma</p> <p>15 resulted in what diagnosis under any circumstance?</p> <p>16 A. It's very difficult. The only times that</p> <p>17 you can be more confident in that is if you've got</p> <p>18 somebody here who maybe is seeking asylum, let's</p> <p>19 say, and you have history or you have documentation</p> <p>20 that they were -- you know, they really didn't have</p> <p>21 any psychiatric history, there were no problems,</p> <p>22 but -- now I'm just thinking of someone who I saw</p>	<p style="text-align: right;">Page 204</p> <p>1 much is due to his prior experiences, how much was</p> <p>2 due to current things happening. But I do feel that</p> <p>3 even though Children's Village clearly was</p> <p>4 documented there was trauma there and that the guard</p> <p>5 lied about it. I mean, that's in the record; that</p> <p>6 we don't have, quote, any formal abuse reports that</p> <p>7 were corroborated at Shenandoah. The abuse I'm</p> <p>8 talking about here is more the trauma of not dealing</p> <p>9 with him appropriately, not understanding his trauma</p> <p>10 and that that's going to retraumatize him.</p> <p>11 So I do feel confident saying that in my</p> <p>12 mind it did because he reported -- you know, the</p> <p>13 first thing out of his mouth when I said, well, just</p> <p>14 tell me about your experience here, now his first</p> <p>15 words were it's horrible. So I'm sure most kids</p> <p>16 would say that, but he then went in to talk about</p> <p>17 situations where he felt that he was mistreated.</p> <p>18 And it's that type of thing that I've heard and read</p> <p>19 in his reports that even if it's not totally true,</p> <p>20 everything they're reporting, there was a flavor of,</p> <p>21 you know, points being lost and demoralization,</p> <p>22 guards overreacting to situations that could have</p>
<p style="text-align: right;">Page 203</p> <p>1 who, and I won't go into details, but clearly had</p> <p>2 been tortured, and I had from supporting groups that</p> <p>3 investigated that, there was confirmation of that,</p> <p>4 and the trauma that he experienced was clearly</p> <p>5 linked to that specific issue. There was no</p> <p>6 premorbid or prior problems; it was clearly linked</p> <p>7 to that. And since being here in this country there</p> <p>8 hadn't been any issues. So that's a situation where</p> <p>9 you can feel pretty confident that this seems very</p> <p>10 clearly linked to that.</p> <p>11 In situations like, let's say, Doe 4 or</p> <p>12 many of the Does where there is prior trauma, in his</p> <p>13 case there was, which I was able to document, prior</p> <p>14 to coming to the United States, his journey here was</p> <p>15 very traumatic, now you've got situations where, you</p> <p>16 know, he was abused at Children's Village, for</p> <p>17 instance. You can't tease out, well, how much --</p> <p>18 there is cumulative. There is research showing that</p> <p>19 trauma is cumulative in many cases.</p> <p>20 Here it's clear to me there's an ongoing;</p> <p>21 it's trauma added upon trauma. But to say how much,</p> <p>22 that's what I was saying, I can't say for sure how</p>	<p style="text-align: right;">Page 205</p> <p>1 been handled differently.</p> <p>2 And the other theme was that violence -- I</p> <p>3 think even Doe 4 said they used violence; they</p> <p>4 provoke us, we provoke them, we're off and running.</p> <p>5 He didn't say it exactly like that, but he said</p> <p>6 violence begets violence. Violence encourages more</p> <p>7 violence. And that's been my concern, and that's</p> <p>8 what I see as traumatizing.</p> <p>9 So it's not just what's done. It's what's</p> <p>10 not done is the trauma and understanding and dealing</p> <p>11 with it, and then what's done is the not following</p> <p>12 the protocols, reacting too quickly to point loss</p> <p>13 and room confinement or whatever versus engaging,</p> <p>14 having a relationship with these kids.</p> <p>15 I also -- the other thing, again, this I</p> <p>16 don't know about, but I know other centers where the</p> <p>17 counseling staff are there until late at night and</p> <p>18 on weekends, and I just didn't get a sense from any</p> <p>19 of the notes I read that they were available to</p> <p>20 consult with the guards in the evening, and that</p> <p>21 might have made a big difference.</p> <p>22 I'm also aware of other facilities where,</p>

<p style="text-align: right;">Page 206</p> <p>1 for instance, they play more relaxing music in the 2 evening. Now, maybe they do that here and I just 3 didn't see it written anywhere but where they try to 4 create a calmer environment. Again, part of that is 5 understanding trauma, understanding these kids are 6 in a place where they don't want to be. 7 So, anyway, you can't tease out exactly 8 how much is due to Shenandoah, you're right, but I 9 do feel that there is responsibility there on the 10 part of Shenandoah staff. 11 Q. Understood. 12 A. And if I could just add one thing again 13 because I realize that, you know, sometimes I 14 understand and we're coming from a different 15 perspective, but keep in mind this is a young man 16 who clearly had prior traumas, horrible things that 17 he witnessed growing up and then his father not 18 being there and his mother abandoning him. Then we 19 go through these horrible things happening on his 20 journey here. 21 Now, he alleged that Customs and Border 22 Patrol abused him. I don't know if that's true, but</p>	<p style="text-align: right;">Page 208</p> <p>1 A. Yeah. 2 Q. Are you familiar with the American 3 Correctional Association standards? Do you know if 4 they speak to juvenile detention facilities and/or 5 to trauma-informed care? 6 A. I know that the standards exist. I know 7 they do speak -- I don't know about the 8 trauma-informed care aspects of it. I'm not sure 9 what they say about that. 10 Q. Okay. I assume you're familiar with the 11 Flores settlement? 12 A. Yes. 13 Q. Is that something that you reviewed as 14 part of your work on this case? 15 A. The settlement itself? 16 Q. Yes. 17 A. I'm just aware of it from before. I mean, 18 mostly where I was coming from there was the least 19 restrictive setting, and, I mean, I'm sure there's a 20 lot of other aspects to the case, but that's what I 21 was focused on and referencing. And a lot of that 22 was driven by what I saw as, like, for instance, I</p>
<p style="text-align: right;">Page 207</p> <p>1 that's his allegation. But then he clearly was 2 abused at Children's Village in a government 3 organization. So, again, that's going to -- right 4 there he's going to carry distrust with him. So now 5 I'm going to come to your facility, and I'm not 6 going to be trusting. So I might be a bit 7 provocative to you to test you out to see if you 8 really care; I might be angry; I might not trust 9 anything you say. If you don't understand that, 10 you're going to see me as just another kid who is 11 getting angry and acting out rather than, you know 12 what, no wonder this kid doesn't trust us. We can't 13 expect him to trust us. We've got to engage him in 14 a different way to build his trust. 15 And part of that is being consistent with 16 our own protocols so they realize that we're not 17 just doing things arbitrarily and also engaging them 18 and spending time talking to them. 19 So that's part of what I just feel that 20 Doe 4 in particular got missed. 21 Q. I want to go back to standards for just a 22 minute.</p>	<p style="text-align: right;">Page 209</p> <p>1 think it was Doe 3, whichever one had the 96 days of 2 good behavior that clearly he did not need the 3 setting, in my mind, the setting that he was in. He 4 should have been in a lesser restrictive setting. 5 So that's part of why I referenced that. 6 Q. Do you know if the Flores agreement 7 referred to specific standards? 8 A. You know, it's been a long time, and it's 9 been at least ten years since I've read that. I 10 don't -- I don't know the answer to that. 11 MS. HAYNES: Okay. Fair enough. Why 12 don't we take a ten-minute break. 13 (Whereupon, a recess was taken 14 from 2:21 p.m. to 2:30 p.m.) 15 (Exhibit 6 and Exhibit 7 were 16 marked for identification.) 17 BY MS. HAYNES: 18 Q. Dr. Lewis, I wanted to talk about your 19 evaluation of John Doe 1, and if you turn to -- if 20 you find Exhibit 6 and Exhibit 7. 21 A. These look the same to me though. 22 Q. I think the difference is --</p>

<p style="text-align: right;">Page 210</p> <p>1 A. Okay, they are different. We're good. 2 One is the competency and I think the other one is 3 the immigration. 4 Q. Right. And tell me if I'm wrong, but I 5 think Exhibit 6, which is dated the 10th, that's the 6 competency? 7 A. No, that's the -- oh, dated what, the 8 10th? Wait a minute. 9 Q. Yes, it's marked Exhibit 6. 10 A. That's the immigration one -- oh, no, 11 you're right, that's the competency one, you're 12 correct. 13 Q. And then the one marked Exhibit 7? 14 A. Yes, that was about immigration and 15 treatment recommendations. 16 Q. Okay. And I think I understand from 17 everything we've talked about so far today is you 18 were asked to do both of these by the Young Center, 19 right? 20 A. Yes, originally, but then quickly care got 21 involved with the competency part of it. Actually I 22 think initially it was not competency. Initially it</p>	<p style="text-align: right;">Page 212</p> <p>1 and that's why I did two reports. 2 Q. Can you explain to me to the extent that 3 you know and based on your understanding why is the 4 Young Center involved in some kids' cases and not in 5 others'? 6 A. Well, okay. The simple answer to that, 7 they try to get involved, I think they would ideally 8 like to be involved with every child if they could, 9 so I think it's primarily a resource issue. The -- 10 and that's why they've expanded over the years 11 because, again, what they provide primarily is child 12 advocacy for detained youth who are immigrants who 13 are here undocumented who -- just to help them get 14 through the system, so getting them medical 15 evaluations if need be, psychological evaluations, 16 making sure they have the proper shelter, getting 17 lawyers involved with their case, that type of 18 thing. So they're there to provide advocacy. 19 So I think their feeling is that every 20 child should have an advocate, but, again, you know, 21 it's not required that every child have an advocate, 22 and there's no money obviously, even if it was</p>
<p style="text-align: right;">Page 211</p> <p>1 was just, if we look at Number 7, that was the 2 initial -- let's see. Where is it here? 3 Yeah, there was actually nothing about his 4 competency in what I was initially asked to do, but 5 then within a day or two they asked if I would talk 6 with the lawyer from CAIR who knew that I was coming 7 and asked if that could be worked into the 8 evaluation, so I agreed to do it. 9 Anyway, so that came secondarily to the 10 initial request. 11 Q. And you had already done all the work that 12 you needed to do to produce those reports, right? 13 It's not like you had to meet with him again -- 14 A. Right. 15 Q. -- to develop the second report? 16 A. It was all essentially done -- ideally not 17 the best way to do things, but because of time and 18 whatnot, I mean, normally you want to do separate 19 evaluations, but there is overlap. I mean, things 20 that I needed for one I need for the other, but then 21 there are things that I need for one that I don't 22 need for the other, and that's where they diverged,</p>	<p style="text-align: right;">Page 213</p> <p>1 required, there's no money to back that up. So I 2 think partly it's a resource issue. 3 They don't -- I think they'd like to have 4 almost every child see a psychologist just because 5 it helps to inform everybody of what's going on with 6 that child, but, again, it's a resource issue. 7 So they tend to refer, you know, more 8 difficult cases to me. And also, you know, I was 9 one of the only ones doing this in the Chicago area 10 for a long time, so now, you know, other people are 11 getting involved with that. 12 So I don't know if that answers your 13 question, but ... 14 Q. It does. Thank you. 15 On Page 3, and I guess we can use -- 16 A. I should also say, just so you're clear, 17 that like in the case of Doe 1 that the Young Center 18 wasn't aware that I was going to -- I wasn't aware 19 at that time that he was going to be involved in a 20 civil case, so they had no understanding of that. 21 And they also, just so you're aware, are 22 partly funded by ORR, so they try to stay very</p>

<p style="text-align: right;">Page 214</p> <p>1 independent of this entire process, and they have 2 been, other than when they asked me to do an 3 evaluation. And if they have records, I always -- 4 and that's with any lawyer that I work with where I 5 do a forensic evaluation, I ask do you have any 6 records, medical, psychological, affidavits that I 7 can look at. So that's standard. 8 But other than that -- and just so you 9 know, partial funding comes from ORR, so, again, 10 they try to be very objective with this. And that's 11 why -- I'm outside of their system as well, even 12 though they refer to me a lot. It's simply, you 13 know, not too many people doing this, but they also 14 know that I'll be independent of whatever their 15 system is, so ... 16 Q. I appreciate the background. 17 I'm going off of Exhibit 7 because that's 18 the report that's later in time, and I think it has 19 a couple more paragraphs to it. 20 A. Okay. 21 Q. And then on Page 3 -- and before I ask 22 this question, what did you ultimately determine</p>	<p style="text-align: right;">Page 216</p> <p>1 concern the lawyers had, that he kept doing that 2 with them when they were meeting with them. 3 So that's why I recommended that even if 4 he could understand at a basic level intellectually, 5 which I felt he could have, he wouldn't have been 6 able to use that in a rationale way to assist his 7 case, so that's why I found him not to be competent. 8 Q. How often do you do competency 9 evaluations? 10 A. This is particularly in the area of 11 immigration a pretty new area, so, you know, I 12 actually just went to this I think it was in 2 -- 13 what's this? 2017. I think it was last year. Or 14 was it 2016? It was either 2016 or 2017 that I went 15 to the workshop that Jack Weil did where we went 16 through all this. And basically as far as 17 immigration goes it a brand new area. 18 Now, there's competency for juveniles. 19 Those I have not done. I've never done those 20 before. 21 So this is just -- I've only done a couple 22 of -- well, this one actually, and I have one other</p>
<p style="text-align: right;">Page 215</p> <p>1 with respect to competency? 2 A. I determined that he was not competent. 3 And when you're looking at competency, you also have 4 to look at not just do they understand, you know, 5 why they'd be going to court, how the court works, 6 what are the different possible outcomes, but do 7 they understand the impact on them and then can they 8 function in that setting to help their lawyer. 9 And so I felt that even though some of the 10 basic workings of the court could have been 11 explained to him and he could have been remediable 12 for that, that in his case the depression and his 13 prior trauma was getting triggered. Even in his 14 evaluation with me, I mean, he just totally shut 15 down. And I'm talking to him like I am to you now. 16 I mean, I wasn't trying to drill into him about 17 anything, and he just wasn't able to handle that. 18 When I specifically asked him about -- both when he 19 talked about his dad he shut down, and when I 20 started to get into his understanding of court and 21 immigration and what could happen, what he was 22 accused of, he just melted. And that was the</p>	<p style="text-align: right;">Page 217</p> <p>1 one that I'm going to be doing in a few weeks. 2 Q. Okay. Do you have -- I mean, 3 understanding that it's not something that you have 4 done much of yourself at this point, do you have an 5 understanding of how common it is to be -- to have a 6 UC determined incompetent? 7 A. Offhand I don't know data on that. I 8 suspect it's -- I think it's one of two things. 9 It's probably pretty unusual to find a UAC that's 10 incompetent. I suspect it's more either that 11 they're going to be competent or they're going to be 12 remediable; in other words, they're not competent 13 for a temporary period of time because they simply 14 don't understand the court language and the roles 15 and that they can be educated on that, or they have 16 some type of psychiatric problem that's more 17 amenable to treatment; so through medication, 18 through therapy over a few months they can get to a 19 place where they are competent. So I suspect 20 there's probably a fair amount of those out there. 21 I think where someone is found totally 22 incompetent like I'd found for Doe 1, I think that's</p>

<p style="text-align: right;">Page 218</p> <p>1 probably quite rare. That's just a guess that I 2 have.</p> <p>3 Q. On Page 3, Item 12, your Collateral 4 Information Sources Reviewed, do you know -- you 5 list case management and progress notes.</p> <p>6 Do you know which -- it's Page 3.</p> <p>7 Do you know which case management and 8 progress notes you reviewed? Was it all of them? 9 Was it a section? Was it notes from Shenandoah?</p> <p>10 A. You know, I have all of them at home. 11 There is a lot of them. Let me just say that for 12 starters.</p> <p>13 Yes, it was -- I believe it was just 14 Shenandoah. I don't -- I don't think -- there might 15 have been -- well, let's see. The report by 16 Dr. Kane, that was Shenandoah; Aleman was 17 Shenandoah.</p> <p>18 Yeah, I think the other two, Rife is an 19 outside psychologist, and then the other woman -- 20 the other two women I think were in Texas.</p> <p>21 So there might have been some -- I don't 22 think there were progress notes. There was some,</p>	<p style="text-align: right;">Page 220</p> <p>1 him.</p> <p>2 Q. Okay.</p> <p>3 A. I was involved --</p> <p>4 Q. And I'm jumping around.</p> <p>5 A. With Doe 1, I was involved -- I did not 6 meet with him, but I worked on a telephone 7 conference call to try to get him into, with the 8 help of his lawyers, into a treatment facility. 9 That fell through for various reasons. I think it 10 had to do with a change in venue and where he was 11 going to be going or whatever.</p> <p>12 So I didn't directly talk to him, but 13 that's the only other contact that I've had about 14 Doe 1 that's separate from this.</p> <p>15 Q. Do you know about when that was?</p> <p>16 A. I'd have to go back and look at my log. 17 It was a phone call on a Thursday night. I'll say 18 two, three months ago, probably three months ago.</p> <p>19 Q. And did I hear you say Doe 1 was on the 20 call?</p> <p>21 A. No, he was not. So he was not -- it was 22 about him to help him get into appropriate</p>
<p style="text-align: right;">Page 219</p> <p>1 some basic information from the other facilities, 2 but it was not anything that I looked at really for 3 this report.</p> <p>4 So this was essentially Shenandoah 5 records, ORR records from Shenandoah.</p> <p>6 Q. Okay. Okay. And then how did you -- 7 these remaining one, two, three, four documents, did 8 you select those from that larger set, or did they 9 come from somewhere else?</p> <p>10 A. No, I selected those from the larger set, 11 and I selected those because they were relevant for 12 me. I mean, if I see, you know, any medical or 13 psychological or psychiatric information, that's 14 information I want to know about.</p> <p>15 Q. Okay. And just you haven't met with or 16 seen or talked to Doe 1 since you evaluated him in 17 August 2017, right?</p> <p>18 A. That's right.</p> <p>19 Q. Okay. And is the same true for Doe 4, you 20 haven't met or talked to him since July 2018 when 21 you evaluated him?</p> <p>22 A. That's correct, yes. I have not talked to</p>	<p style="text-align: right;">Page 221</p> <p>1 treatment, but it was the facility director I 2 believe in Arkansas and Jennifer Nagda from the 3 Young Center and myself talking about what was in 4 his best interest. Apparently they had been sent my 5 report, so they wanted my opinion.</p> <p>6 Q. Okay. And is it your understanding that 7 Doe 1 is no longer at Shenandoah?</p> <p>8 A. Well, that's the other thing they wanted 9 my recommendations on. If he didn't -- because it 10 fell through for him to go to the treatment center, 11 so I got a call back just making recommendations for 12 where he would function the best since he wasn't 13 going to be in a facility. I think -- I don't know 14 where he is, so to be honest with you I don't know.</p> <p>15 Q. Let me -- so he's not there anymore?</p> <p>16 A. Right.</p> <p>17 Q. Is that --</p> <p>18 A. That's as much as I know, right. That's 19 as much as I know.</p> <p>20 Q. Okay.</p> <p>21 A. I don't know where he is.</p> <p>22 Q. Okay. Okay. On the bottom of Page 2,</p>

<p style="text-align: right;">Page 222</p> <p>1 Paragraph 11, and then it goes over to the next 2 page, 3, I think this is similar to the paragraph we 3 talked about in John Doe 4's evaluation where you 4 kind of explained what you're doing there and the 5 purpose of the evaluation. And then on Page 3, the 6 second half of the paragraph you say -- I'll refer 7 to him as John Doe 1 for the purposes of our record 8 and his confidentiality. John Doe 1 was able to 9 verbalize that he understood the purpose of the 10 evaluation and the limitations of confidentiality. 11 Later in the interview he said he thought the 12 purpose of this evaluation was to see if he needed 13 to be taken back to a psychiatric hospital. I 14 reassured him. 15 And I was just wondering if you know, if 16 you remember at what point during the evaluation he 17 expressed that misunderstanding? Was it day one, 18 was it day two? 19 A. It was day one. It was right after lunch, 20 after our lunch break. 21 Q. Okay. And so would you have started -- 22 would that have been about midday through day one?</p>	<p style="text-align: right;">Page 224</p> <p>1 A. And, again, I just want to refresh. This 2 is the -- okay. 3 So on both of the reports I listed -- 4 because, again, keep in mind I was doing two 5 evaluations at one time. Even though there's 6 overlap, there's also things that are distinct. But 7 for the reports I felt that it was important to just 8 put down all the tests that I gave because all of 9 that eventually becomes relevant. 10 So like the assessment of competence, 11 that's not an actual test. That was more -- there 12 was clear guidelines in there that we were trained 13 in to utilize, so I gleaned information from that 14 that probably I did use in the other -- well, 15 actually no, that was very specific, but I just felt 16 like everything I did should be -- I was trying to 17 be transparent with all the tests I had given, but 18 that's a test that was specific to the competency -- 19 or not a test, the guidelines that were specific to 20 competency. 21 The other tests, the questionnaires were 22 used really across the board. Why those specific</p>
<p style="text-align: right;">Page 223</p> <p>1 A. Midday through day one, yes. 2 Q. And at that point my understanding is that 3 he had been hospitalized for psychiatric reasons 4 three times. 5 Is that consistent with your -- he had had 6 that experience? 7 A. That's correct. 8 Q. Okay. We've already talked about the 9 tests and questionnaires, I think. You've listed 10 the ones that you used with John Doe 1 there on 11 Page 3. 12 Is that what those are? 13 A. Yes. 14 Q. Are you able to -- it looks like you've 15 listed which ones are translated into Spanish. 16 A. Right. 17 Q. So is it safe to assume that the ones that 18 don't say Spanish version are not translated into 19 Spanish? 20 A. That's correct. 21 Q. Okay. And you used 11 total here. Was 22 there a specific reason for these specific 11?</p>	<p style="text-align: right;">Page 225</p> <p>1 tests? Well, there was a variety that were in 2 Spanish, so that's always important. Again, the 3 Beck anxiety and depression inventories are very 4 commonly used just as a kind of a screening to get a 5 sense of a child's -- so, for instance, I might have 6 somebody who talks about being very depressed to me, 7 but then I give them the rating scales and it comes 8 out nothing or vice versa. So it's a way -- and 9 then I can go back and say, look at, you know, you 10 were telling me this before but you're not rating it 11 highly here; help me understand. 12 So it's just a way to kind of confirm or 13 make sure I'm not missing anything. Again, I'm not 14 primarily going for a score there. 15 The childhood trauma questionnaire, again, 16 there's different kind of trauma questionnaires that 17 can be utilized, but it's just simply a 18 questionnaire that has about 25 different things I 19 ask to get at different kinds of trauma that a child 20 might have experienced. That's important just to 21 understand that there can be a variety of traumas, 22 and it's just helpful to know, you know, physical,</p>

<p style="text-align: right;">Page 226</p> <p>1 sexual or whatever.</p> <p>2 Q. Are all of these reports or all of these</p> <p>3 evaluations self-reporting like the tests that you</p> <p>4 gave to John Doe 4?</p> <p>5 A. I believe -- let's see.</p> <p>6 Yes, they're all self-reporting. The</p> <p>7 Trauma Symptom Checklist for Children, the last one,</p> <p>8 does have an embedded validity scale. Again, I try</p> <p>9 to include some type, you know, when I'm doing this</p> <p>10 kind of work some type of test for that if I can.</p> <p>11 And the Montreal Cognitive Assessment, I</p> <p>12 mean, again, that's primarily used to see if</p> <p>13 somebody has a brain disorder, and that's not why I</p> <p>14 used it. I literally use it just to get a sense of</p> <p>15 how they function. So that's a hands-on where you</p> <p>16 ask people to draw a picture of a clock set to a</p> <p>17 certain time. You might ask them to give me</p> <p>18 specifics about numbers that they can remember.</p> <p>19 I'll read some numbers to them and have them repeat</p> <p>20 it back. So it's a certain set of things.</p> <p>21 So that's the only test that's really</p> <p>22 different than the other ones, and that's just</p>	<p style="text-align: right;">Page 228</p> <p>1 needed a residential treatment facility.</p> <p>2 Is that a fair summary?</p> <p>3 A. Yes.</p> <p>4 Q. Okay. And I know -- so ultimately as far</p> <p>5 as treatment is concerned, your conclusion was that</p> <p>6 he needed to go to a residential treatment facility</p> <p>7 where he could get specialized care basically,</p> <p>8 right?</p> <p>9 A. That's correct.</p> <p>10 (Exhibit 9 was marked for</p> <p>11 identification.)</p> <p>12 BY MS. HAYNES:</p> <p>13 Q. And I know that you take issue with some</p> <p>14 of Dr. Rife's report, but wasn't that ultimately his</p> <p>15 conclusion too? And that's Exhibit 9 in your stack.</p> <p>16 A. Yeah. I mean, I took issue with certain</p> <p>17 aspects of his report, but that was -- right, he did</p> <p>18 agree with me on that.</p> <p>19 Q. Okay.</p> <p>20 A. Yes.</p> <p>21 Q. And it seems like I can't think of a</p> <p>22 situation when John Doe 1 was assessed that that was</p>
<p style="text-align: right;">Page 227</p> <p>1 primarily to get a sense of, you know, how his</p> <p>2 general cognitive functioning is. It's not so much</p> <p>3 to see if he has got a brain tumor or whatever.</p> <p>4 So a lot of these tests are really just</p> <p>5 used as an adjunct to the clinical interview. The</p> <p>6 clinical interview is primarily where I'm getting my</p> <p>7 information from.</p> <p>8 Q. Okay. Jumping ahead to your</p> <p>9 recommendations, which are on Page 18, the last</p> <p>10 page, and I'm looking back at your purpose for the</p> <p>11 evaluation, which was to assess the psychological</p> <p>12 functioning, understand his history and his</p> <p>13 experiences in detention and provide recommendations</p> <p>14 for future placement and treatment; and then your</p> <p>15 recommendations are essentially that it wouldn't</p> <p>16 be -- it would be detrimental for him to return to</p> <p>17 Mexico for a variety of reasons, number 4 being</p> <p>18 without receiving trauma-based treatment that would</p> <p>19 help him to understand why he gets triggered and</p> <p>20 then would be putting himself in difficult</p> <p>21 situations. And then in 76 is your treatment</p> <p>22 recommendation I understand, which is he is in</p>	<p style="text-align: right;">Page 229</p> <p>1 not the recommendation.</p> <p>2 Is that consistent with your sort of</p> <p>3 overall view of his record as well? And I think</p> <p>4 everyone was on the same page that he needed to go</p> <p>5 to a residential treatment center.</p> <p>6 A. I believe so, I believe so. Yes, I think</p> <p>7 that's accurate.</p> <p>8 Q. Okay. I want to -- sorry to flip around</p> <p>9 so much. I want to go back to your report.</p> <p>10 And if you'll give me just a minute, I</p> <p>11 have to cross through parts out of my outline that</p> <p>12 we've already talked about, so if I pause it's to</p> <p>13 make things shorter.</p> <p>14 A. Okay, no problem.</p> <p>15 Q. It's a good thing.</p> <p>16 Generally speaking, you said that you</p> <p>17 hadn't seen videos until after you submitted your</p> <p>18 September 2018 report, right?</p> <p>19 A. That's correct. Not generally. I had not</p> <p>20 seen anything.</p> <p>21 Q. Okay. So you didn't have an opportunity</p> <p>22 to compare --</p>

<p style="text-align: right;">Page 230</p> <p>1 A. No.</p> <p>2 Q. -- any of the accounts to video --</p> <p>3 A. No.</p> <p>4 Q. -- which I think you said you did do in a</p> <p>5 previous case, right?</p> <p>6 A. Yes, I did, and I can't remember if the</p> <p>7 videos were just from Abraxas. I think they were</p> <p>8 primarily Abraxas, but yes.</p> <p>9 Q. And then Paragraph 44, beginning at</p> <p>10 Paragraph 44 of your report --</p> <p>11 A. Which exhibit are we in, 7?</p> <p>12 Q. We're in Exhibit 3, I'm sorry, your</p> <p>13 September 2018 report.</p> <p>14 A. Oh, okay.</p> <p>15 Q. And I'm looking at generally Paragraphs 44</p> <p>16 to 46 where you talk about Dr. Rife's report and</p> <p>17 some of the things that you took issue with.</p> <p>18 A. Okay.</p> <p>19 Q. In Paragraph 45 you quote Dr. Rife as</p> <p>20 talking about the testing indicating that Doe 1's</p> <p>21 interpersonal difficulties may be more due to social</p> <p>22 anxiety than a complete lack of regard. And then</p>	<p style="text-align: right;">Page 232</p> <p>1 my case but in my estimation due to his prior</p> <p>2 trauma. And so that's where I felt like I did agree</p> <p>3 with that.</p> <p>4 But then in other parts of his report and</p> <p>5 particularly his recommendations he talks about</p> <p>6 needing to confront his aggressive behavior, and,</p> <p>7 you know, that's why I have issue with the report.</p> <p>8 I felt it was basically all over the place. But</p> <p>9 this aspect I agreed with, and I was trying to</p> <p>10 underscore that here.</p> <p>11 Q. Okay. Do you know if the purpose of</p> <p>12 Dr. Rife's evaluation differed from the purpose of</p> <p>13 your evaluation in any way?</p> <p>14 A. Well, no, sure, it did because he -- well,</p> <p>15 okay. So initially I wasn't -- I'm putting the</p> <p>16 civil case aside because I didn't know that this was</p> <p>17 going to be a part of the civil case.</p> <p>18 So different in the sense that I was doing</p> <p>19 a clinical evaluation. If I was just doing a</p> <p>20 clinical evaluation I would just be reporting</p> <p>21 whatever symptoms and diagnoses I found and whatever</p> <p>22 my recommendations were. I wouldn't be making any</p>
<p style="text-align: right;">Page 231</p> <p>1 you say, "It is my opinion this more accurately</p> <p>2 captures the trauma and anxiety."</p> <p>3 Can you kind of explain a little bit to me</p> <p>4 what you mean by that?</p> <p>5 A. Okay.</p> <p>6 Q. Do you see where I'm reading from in like</p> <p>7 the middle?</p> <p>8 A. Yes. I'm just reading just to get the</p> <p>9 context.</p> <p>10 Well, all right. So what -- and this is</p> <p>11 where while I agree with aspects of Dr. Rife's</p> <p>12 report, I felt like he was talking both sides and</p> <p>13 being inconsistent because there's other parts of</p> <p>14 his report where he essentially portrays Doe 1 as</p> <p>15 having more -- I don't know if he used the word</p> <p>16 "sociopathic" but more proactive, just an aggressive</p> <p>17 kid, more of an antisocial kid.</p> <p>18 And here he's getting at more what I would</p> <p>19 say, which is that no, this isn't just an antisocial</p> <p>20 kid who's acting out; this is a kid with other</p> <p>21 issues going on, whether it's interpersonal</p> <p>22 difficulties due to anxiety or in my case -- not in</p>	<p style="text-align: right;">Page 233</p> <p>1 recommendations with regard to immigration or, you</p> <p>2 know, asylum or whatever.</p> <p>3 So in that sense there's a difference, but</p> <p>4 they're pretty similar in many ways.</p> <p>5 Q. Well, I guess what was making me think of</p> <p>6 that is if you're able to flip back to Exhibit 9,</p> <p>7 which is Dr. Rife's evaluation.</p> <p>8 Do you have that in front of you?</p> <p>9 A. All right.</p> <p>10 Q. And then under Reason for Referral, the</p> <p>11 last sentence says, "He was referred for a</p> <p>12 psychological evaluation to determine treatment</p> <p>13 recommendations," which I think is consistent with</p> <p>14 what you were doing when you were evaluating</p> <p>15 John Doe 1, but then also to obtain a risk</p> <p>16 assessment due to his history of criminal activity,</p> <p>17 aggression and mental health issues while in ORR</p> <p>18 care.</p> <p>19 A. Sure, so some similarities.</p> <p>20 Q. So I didn't take that second part of it to</p> <p>21 be part of what you were doing in your evaluation.</p> <p>22 Is that fair or not fair?</p>

<p style="text-align: right;">Page 234</p> <p>1 A. Right, I did not do a specific risk 2 assessment for criminal activity. There's a 3 specific structured -- it's not a test but it's a 4 questionnaire that's used for that that I did not 5 use.</p> <p>6 Q. Okay. I want to jump back to your report, 7 Exhibit 3, Paragraph 64. And there's a lot here, 8 but 64 to 70 to me seem to kind of summarize his 9 time at Shenandoah.</p> <p>10 And then in Paragraph 70, I think you 11 referred to this earlier, about the middle of that 12 paragraph you say, "His long period of good behavior 13 begs the question as to why more was not done to 14 facilitate and advocate for Doe 2 to step down to an 15 RTC." And I don't want to replot ground. I think 16 we talked about this a little bit.</p> <p>17 But do you -- do you know of anything 18 specifically that Shenandoah could have done that 19 they did not do to effectuate this kid's transfer to 20 an RTC?</p> <p>21 A. Specifically, no, and just to keep the 22 answer simple, no.</p>	<p style="text-align: right;">Page 236</p> <p>1 decision, I get that, but, you know, they can 2 advocate, they can facilitate. It just felt to 3 me -- and, again, also keep in mind that my context 4 was that -- and I believe it was Doe 4, maybe it was 5 Doe 3, I think it was Doe 3 actually, that when he 6 was in another facility, within two days he was 7 stepped up; and yet with 96 days, and it was Doe 3, 8 of 96 days of good behavior he still wasn't stepped 9 down.</p> <p>10 So that's where my context is coming from, 11 assuming that more could have been done for 12 Shenandoah to advocate and facilitate.</p> <p>13 I realize they don't have the final 14 control. I get that.</p> <p>15 Q. Okay. And I think, you know, what made me 16 wonder about that is that John Doe 1's case was a 17 case that the Young Center was involved in, and I 18 think I saw three letters where the Young Center and 19 attorneys were advocating for him to get to a 20 residential treatment center, and that did not 21 immediately make anything happen.</p> <p>22 Were you familiar with those letters as</p>
<p style="text-align: right;">Page 235</p> <p>1 I'm basing that on two things. One -- 2 well, I do know they reported having recommended him 3 or whatever they do, the paperwork they do to 4 initially recommend an RTC; so I believe I could go 5 back and find where they had done that. So I know 6 they had done that.</p> <p>7 But when I saw two things, one, the kids, 8 many of these kids felt like after 30 days that they 9 were being promoted for -- not promoted but 10 recommended for an RTC. I understand it takes time 11 often for that to happen, but somehow in their mind 12 I believe sometimes they were told that within 13 30 days they kind of set them up to be disappointed. 14 But more what I'm concerned about here is I'm 15 assuming that there's more that they could do 16 because, again, one of the -- I don't know if it was 17 for Doe 4 or Doe 3, the therapist in the note 18 actually said, implied that he needed to do more 19 good behavior so she could fight his case, and it 20 was in reference to getting him back into -- getting 21 him not back into but getting him to an RTC.</p> <p>22 So that tells me that yeah, it's not their</p>	<p style="text-align: right;">Page 237</p> <p>1 part of his file too?</p> <p>2 A. I don't recall the letters. I know they 3 were advocating for that. I don't know that I 4 had -- I don't think I saw the letters.</p> <p>5 Q. Okay.</p> <p>6 A. Actually what I will say is that when they 7 first approached me they wanted to know what I 8 thought, and I -- they didn't tell me -- I knew 9 later they were thinking that's what he needed. 10 They didn't tell me that up front. They said, look 11 at, we've got a situation that we're just trying to 12 figure out how best to be of help. And I often get 13 involved with their more difficult cases, so they 14 wanted me to just go in and tell them. And if I had 15 said no, I don't think that's what he needs or 16 whatever, I think they probably would have accepted 17 that to be honest with you.</p> <p>18 So, again, I did learn about that that's 19 what they wanted, but that was after the fact. That 20 was not said to me up front. They simply said we 21 need help; we don't know what's best for him. We 22 just know he's not doing well where he's at; we need</p>

<p style="text-align: right;">Page 238</p> <p>1 to understand, give us some recommendations.</p> <p>2 MS. LIEBERMAN: Again, Dr. Lewis, I just</p> <p>3 want to caution you that although we weren't the</p> <p>4 lawyers at the Young Center that you may have a</p> <p>5 privilege issue there, so you need to -- I just want</p> <p>6 to put that on the record so that everybody is clear</p> <p>7 that there may be limits to what you can talk about.</p> <p>8 THE WITNESS: Okay.</p> <p>9 MS. HAYNES: Objection.</p> <p>10 THE COURT REPORTER: Could you repeat the</p> <p>11 objection, Ms. Haynes? I'm sorry, it didn't come</p> <p>12 through.</p> <p>13 MS. HAYNES: I just said objection noted.</p> <p>14 I don't totally agree, but I don't think it really</p> <p>15 matters for what we're doing right now. And I don't</p> <p>16 need to know anything that was discussed with</p> <p>17 lawyers.</p> <p>18 THE WITNESS: Okay.</p> <p>19 BY MS. HAYNES:</p> <p>20 Q. So could you go to Paragraph 99 of your</p> <p>21 report, which is Exhibit 3. And it's a long</p> <p>22 paragraph, but I think in here you talk about the</p>	<p style="text-align: right;">Page 240</p> <p>1 attempts to try to help him.</p> <p>2 What I felt -- again, it goes back to the</p> <p>3 standards. What I felt got missed was two things.</p> <p>4 One, a more trauma-informed discussion in the actual</p> <p>5 sessions about what was getting triggered, what does</p> <p>6 that remind him of rather than just let's help you</p> <p>7 to do this to stop doing that behavior. I felt that</p> <p>8 there was too much focus on needing to act, to have</p> <p>9 good behavior and not get in trouble, not have</p> <p>10 further consequences rather than underlying issues.</p> <p>11 And then it goes back to the</p> <p>12 trauma-informed stuff that we've already talked</p> <p>13 about for the guards that I just felt like the whole</p> <p>14 trauma-informed care is not just what the mental</p> <p>15 health counselors are doing but also what the guards</p> <p>16 are doing.</p> <p>17 Q. Okay. Changing tact, my copy of your CV</p> <p>18 is not attached to my Exhibit 3. Nevertheless, do</p> <p>19 you have a copy of your CV attached to your report</p> <p>20 with you?</p> <p>21 A. I don't.</p> <p>22 MS. HAYNES: Do you have a copy, Hannah?</p>
<p style="text-align: right;">Page 239</p> <p>1 things that -- some of the things that are being</p> <p>2 done with him. The documents suggest he received</p> <p>3 individual and group counseling as well as</p> <p>4 medication. Group sessions addressed a variety of</p> <p>5 issues, including anger management.</p> <p>6 Going along through the paragraph, you say</p> <p>7 individual counseling provided him space, on and on.</p> <p>8 And then towards the bottom you again say,</p> <p>9 "Even though there were some positive aspects,</p> <p>10 nonetheless they were limited and still fell short</p> <p>11 of mental health professional standards for juvenile</p> <p>12 detention settings."</p> <p>13 Have we exhausted the field of the</p> <p>14 standards that you're referring to in Paragraph 99</p> <p>15 today?</p> <p>16 A. Let me just think for a minute. I think</p> <p>17 pretty much. Where I was going with this was I</p> <p>18 simply, you know, after reviewing, you know, pretty</p> <p>19 extensively the documents, I was trying to be fair</p> <p>20 in saying that it was clear that there were some</p> <p>21 mental health services that were being provided, you</p> <p>22 know. I can see it in the notes, and there were</p>	<p style="text-align: right;">Page 241</p> <p>1 MS. LIEBERMAN: I didn't bring one.</p> <p>2 MS. HAYNES: Okay. Well --</p> <p>3 THE WITNESS: No, we don't have one here.</p> <p>4 Sorry.</p> <p>5 BY MS. HAYNES:</p> <p>6 Q. Thank you for checking. I think I can --</p> <p>7 presumably you know your CV pretty well, so I think</p> <p>8 we can get by.</p> <p>9 You've been a licensed clinical</p> <p>10 psychologist since 1990; is that right?</p> <p>11 A. That's correct.</p> <p>12 Q. Okay. Have you ever -- you're currently</p> <p>13 licensed in Illinois, right?</p> <p>14 A. Yes. Yes.</p> <p>15 Q. Have you ever been licensed anywhere else?</p> <p>16 A. Yes.</p> <p>17 Q. Where else have you been licensed besides</p> <p>18 Illinois?</p> <p>19 A. Virginia.</p> <p>20 Q. When were you licensed in Virginia?</p> <p>21 A. Well, I'd have to go back and look. It's</p> <p>22 probably 15 years ago, a good 15 to 17 years ago.</p>

<p style="text-align: right;">Page 242</p> <p>1 Q. And what's the status of that license now?</p> <p>2 Is it inactive, or did you let it lapse?</p> <p>3 A. Yeah, I simply let it lapse.</p> <p>4 Q. Were you living in Virginia at the time?</p> <p>5 A. No. I was working for a -- I was working</p> <p>6 at Cook County Hospital at the time. I was asked by</p> <p>7 a colleague, a psychologist in the city, as part of</p> <p>8 a major project that he was working on to</p> <p>9 evaluate -- it was for the State Department, and it</p> <p>10 was funded through DynCorp and the State Department</p> <p>11 to evaluate peacekeepers who were going to be going</p> <p>12 to Kosovo and around the world.</p> <p>13 And so I was flown into a number of</p> <p>14 locations. One was in Virginia. And so to do it</p> <p>15 properly I got temporary licensure there. Actually</p> <p>16 it was more than temporary. It was actually full</p> <p>17 licensure just so that I would be able to do those</p> <p>18 assessments.</p> <p>19 Q. Okay. So you weren't in living in</p> <p>20 Virginia --</p> <p>21 A. Right.</p> <p>22 Q. -- and you weren't employed in Virginia,</p>	<p style="text-align: right;">Page 244</p> <p>1 on a rotating basis working there over a period of</p> <p>2 four months.</p> <p>3 Q. And what was the psychiatry department</p> <p>4 that you said you retired from in 2013?</p> <p>5 A. It's now called Stroger Hospital of</p> <p>6 Cook County. It was called Cook County Hospital at</p> <p>7 the time. So it was the psychiatry department at</p> <p>8 the hospital where I worked. I was there for 28</p> <p>9 years, and then I retired.</p> <p>10 But it was under the whole Cook County</p> <p>11 system, so I think they were in the process of</p> <p>12 outsourcing their services, so they were going</p> <p>13 through a change. So there was an interim period</p> <p>14 where they needed temporary coverage, so the</p> <p>15 psychiatry department, the child and adolescent</p> <p>16 psychiatry division that I was a part of was asked</p> <p>17 to provide those services at the detention center.</p> <p>18 Q. And could you give me an idea of what your</p> <p>19 practice is like now since you retired from the</p> <p>20 department? I know you're in private practice.</p> <p>21 A. Right.</p> <p>22 Q. How are you spending your time?</p>
<p style="text-align: right;">Page 243</p> <p>1 but you were working in Virginia so you got your</p> <p>2 license for that limited time period?</p> <p>3 A. Right, and it was for -- well, it was for</p> <p>4 that period of time, which it might have been a year</p> <p>5 or two. And then those evaluations I just didn't do</p> <p>6 after -- that contract ended, and we didn't do those</p> <p>7 evaluations anymore.</p> <p>8 So I just let it lapse. I had no reason</p> <p>9 to continue it.</p> <p>10 Q. All right. In your report you mentioned</p> <p>11 that you worked at the Cook County Juvenile</p> <p>12 Temporary Detention Center for four months?</p> <p>13 A. Yes.</p> <p>14 Q. Do you remember about when that was?</p> <p>15 A. I'd have to go back and look at it. I'd</p> <p>16 say I left, I retired from the psychiatry department</p> <p>17 in 2013, and it was probably about four years prior</p> <p>18 to that, so I'm going to say around 2009. At that</p> <p>19 point the Juvenile Detention Center was undergoing a</p> <p>20 lot of changes, and we were -- well, we were</p> <p>21 essentially told our Department of Psychiatry needed</p> <p>22 to provide services for the center, so we were all</p>	<p style="text-align: right;">Page 245</p> <p>1 A. I have -- I have two offices. One is in</p> <p>2 Wheaton, Illinois, and one is in Evanston,</p> <p>3 essentially do the same thing both places where I</p> <p>4 essentially just evaluate -- well, I primarily work</p> <p>5 with older adolescents and then adults. I also am a</p> <p>6 Medicare provider, so I provide services to elderly</p> <p>7 people, do evaluations. I don't do testing, but I</p> <p>8 do clinical evaluations that primarily provide</p> <p>9 therapy, either family and couples therapy or</p> <p>10 individual therapy.</p> <p>11 Q. What percentage of your time would you say</p> <p>12 is devoted to forensic psych evaluations?</p> <p>13 A. Currently?</p> <p>14 Q. In the past three years.</p> <p>15 A. The past three years, percentage of my</p> <p>16 time, well, I guess if I give you a percentage I'm</p> <p>17 going to say -- I mean, it's kind of hard to answer.</p> <p>18 I'm just going to say 15 percent. It's hard to</p> <p>19 answer because I only take on a couple of, let's</p> <p>20 say, asylum cases a year. I think the most I've</p> <p>21 ever done in one year is four. But I see up to --</p> <p>22 sometimes I see 50 patients in a week. So, again,</p>

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1 that's small, but then those cases are much more
 2 consuming.

3 So in terms of time, I do spend a lot of
 4 time writing up reports, and the evaluations could
 5 take a day and a half versus an hour, but it's a
 6 small, much smaller percentage of my time. This
 7 last year it's been more of -- the civil case, of
 8 course, has taken more -- I've spent more time with
 9 that than I have in other years on doing this kind
 10 of work.

11 So, I mean, it's hard to answer that
 12 question. I mean, I'm not primarily doing that I
 13 guess if that's what you're getting at. Primarily
 14 I'm a clinician who sees patients every week, you
 15 know, probably 35 to 40 at this point patients,
 16 sometimes a busier week. And then I either take
 17 time off or I have days that I don't see patients,
 18 like Fridays is when I do a lot of this kind of work
 19 or I travel out of town to do that and I take time
 20 off from my work here.

21 Q. I noticed that over the years you've been
 22 a member of a lot of different professional

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1 associations.

2 Currently are you only a member of the
 3 Illinois psychological -- Psychology Association and
 4 the American Psych Association? Are those your two
 5 active ones?

6 A. The other one is the -- it's called ISTSS,
 7 and I'm drawing a blank, or is it -- the Institute
 8 for Traumatic Stress Studies. It's kind of an
 9 international organization. I pay dues to that, and
 10 they have conferences and whatnot.

11 So that's another organization, but those
 12 are the three primary ones.

13 Q. Okay. And, I'm sorry, what was the
 14 subject matter of that third one?

15 A. I'm trying to think if I have it listed
 16 here. Yeah, I'm just drawing a blank. I think it's
 17 ISTSS is what it stands for. It's about stress,
 18 trauma and symptoms. It's an international
 19 organization that researches from people all over
 20 the world, psychiatrists, psychologists, social
 21 workers, who work with various traumatized
 22 populations and do research and share information

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1 with each other.

2 Q. Okay. Dr. Lewis, we've talked a lot about
 3 what you've reviewed as we went through your report
 4 and your evaluations, and just to make sure that I
 5 understand and I'm clear on what you did in your
 6 review, I just want to run through a list that I
 7 have.

8 My understanding, you haven't reviewed any
 9 documents for any UC at Shenandoah other than Does 1
 10 through 4 and the other three that we discussed
 11 earlier; is that right?

12 A. Well, I would add that I did mention the
 13 videos to you that I watched after I submitted this.

14 Q. Yeah, and I'll ask you about that
 15 specifically.

16 A. Okay.

17 Q. But I'm just talking about documents.

18 A. Documents, okay. I believe that's
 19 correct. I'm just trying to think if there was any
 20 other. There were other documents given to me, but
 21 I did not look at them.

22 So yes, I guess the answer is that's all

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1 that I've reviewed for this report.

2 Q. Okay. You haven't reviewed any employment
 3 or personnel files for staff at the Center?

4 A. No.

5 Q. The same for disciplinary records for
 6 staff?

7 A. I have not seen anything for that.

8 Q. Okay. And I think we've covered earlier
 9 that you haven't looked at any of the training
 10 materials or logs of training materials for staff?

11 A. No.

12 Q. Okay. These youths go to school while
 13 they're at Shenandoah.

14 You didn't I assume look at their
 15 educational records or reports or things along those
 16 lines?

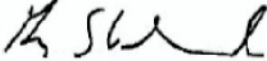
17 A. I believe for Doe 4 there was an
 18 educational report in there. I don't think for the
 19 other ones there was anything. I mean, if they were
 20 there I reviewed them. I know for Doe 4 there was
 21 some type of educational assessment. I don't recall
 22 seeing anything for 1, 2 or 3 or the others.

<p style="text-align: right;">Page 250</p> <p>1 So I think for him he was the only one.</p> <p>2 Q. Okay. Was that -- do you know if that was</p> <p>3 one of the documents you received before you wrote</p> <p>4 the report or after?</p> <p>5 A. I received it before but didn't review it</p> <p>6 until afterward.</p> <p>7 Q. Okay. You haven't reviewed any audits or</p> <p>8 monitoring reports from ORR?</p> <p>9 A. I have not.</p> <p>10 Q. And the same for the Virginia Department</p> <p>11 of Juvenile Justice?</p> <p>12 A. That's correct.</p> <p>13 Q. Or you haven't seen any audits or</p> <p>14 monitoring reports related to the Prison Rape</p> <p>15 Elimination Act?</p> <p>16 A. I have not.</p> <p>17 Q. I know you visited Shenandoah to evaluate</p> <p>18 John Doe 4 over a period of two days, and we talked</p> <p>19 about how you were there and walked down the hall to</p> <p>20 go to the restroom but you didn't tour the facility.</p> <p>21 A. Right.</p> <p>22 Q. Have you seen any photographs of the</p>	<p style="text-align: right;">Page 252</p> <p>1 though it indicated that they were perhaps there, so</p> <p>2 I just wasn't sure if they were mismarked or just</p> <p>3 it's hard to tell, so ...</p> <p>4 Q. So you watched seven or eight --</p> <p>5 A. Yes.</p> <p>6 Q. -- but they were not of Doe 1 or Doe 4?</p> <p>7 A. One -- there was a couple that clearly</p> <p>8 said they were Doe 1, but, again, it was hard to</p> <p>9 tell because sometimes the kids' backs were to you</p> <p>10 and things were happening fairly quickly. And these</p> <p>11 were shorter segments of maybe four- to nine-minute</p> <p>12 stretches, you know. Sometimes a situation would</p> <p>13 happen where a kid would then go right to their</p> <p>14 room, and you could see that there was an</p> <p>15 intervention but you really couldn't tell who or</p> <p>16 what. You couldn't tell much.</p> <p>17 So it was hard to distinguish specific</p> <p>18 kids. I mean, you could distinguish the kid, but I</p> <p>19 couldn't identify them necessarily.</p> <p>20 So I was really just trying to give --</p> <p>21 Q. You're not --</p> <p>22 A. Go ahead.</p>
<p style="text-align: right;">Page 251</p> <p>1 facility?</p> <p>2 A. You mean the outward facility? I've seen</p> <p>3 a photograph of the Center, not photographs of</p> <p>4 inside, but I've seen a photograph of the outside.</p> <p>5 Q. Okay. And you mentioned the videos. I</p> <p>6 think you said you got seven or eight after you</p> <p>7 wrote your report.</p> <p>8 Am I remembering right?</p> <p>9 A. The videos actually came in prior to</p> <p>10 writing the report, but there was just -- simply I</p> <p>11 didn't have time to review them, but I reviewed them</p> <p>12 afterward.</p> <p>13 Q. Okay. What did they depict?</p> <p>14 A. I should say they were videos of multiple</p> <p>15 kids, many of whom I didn't evaluate, but for timing</p> <p>16 I just picked some that seemed to be related. It</p> <p>17 was hard to kind of figure out, you know, was this</p> <p>18 one of my cases or not. Some I could tell but some</p> <p>19 I couldn't, so I just picked seven or eight just to</p> <p>20 give me a flavor.</p> <p>21 So -- and, again, I've evaluated Doe 1 and</p> <p>22 Doe 4. I couldn't find them in these videos even</p>	<p style="text-align: right;">Page 253</p> <p>1 Q. You don't have any certainty with respect</p> <p>2 to which kid the video was meant to show?</p> <p>3 A. If I was asked, I would have to say that's</p> <p>4 right. I couldn't say for sure that that was Doe 1</p> <p>5 or whatever, right.</p> <p>6 Q. Okay. And what was your impression after</p> <p>7 watching the videos?</p> <p>8 A. Well, I guess in no particular order one</p> <p>9 was that it was very hard to -- there was no volume,</p> <p>10 so everything was simply by just observing and</p> <p>11 trying to make sense of what was being said. You</p> <p>12 could tell that there were things being said back</p> <p>13 and forth at times, but there was no way to know</p> <p>14 what.</p> <p>15 So that made it difficult to understand</p> <p>16 the whole situation. I tried to look at nonverbal,</p> <p>17 and I watched several of them several times to just</p> <p>18 try to get a sense of the nonverbal, and I could see</p> <p>19 in some cases that -- in other words, there's ways</p> <p>20 you can tell from somebody's nonverbal behavior</p> <p>21 whether they're in an aggressive or defensive place,</p> <p>22 so, for instance, if I'm approaching you more like</p>

<p style="text-align: right;">Page 254</p> <p>1 this versus like this.</p> <p>2 And there were times where clearly there</p> <p>3 was an openness, that I could tell there was trying</p> <p>4 to be an appropriate discussion, but then things</p> <p>5 would often snap very quickly.</p> <p>6 In one case one of the boys looked back,</p> <p>7 and I couldn't see who he was talking to, but I</p> <p>8 could see him go like this, like are you talking to</p> <p>9 me, and he pointed at his chest. And then right</p> <p>10 after that one of the guards came out, and the guard</p> <p>11 walked away and this kid then sneakily tried to take</p> <p>12 his chair. And, again, my sense was that it's hard</p> <p>13 to make a judgment when you don't know what's being</p> <p>14 said, but something was getting triggered in that</p> <p>15 situation.</p> <p>16 And I felt like that in that particular</p> <p>17 case when I looked at it several times the kid ended</p> <p>18 up getting taken down, but it looked like there was</p> <p>19 room to have handled that in a different way.</p> <p>20 There was other situations where the kids</p> <p>21 were clearly about to get out of control or were out</p> <p>22 of control where the guards just had to intervene.</p>	<p style="text-align: right;">Page 256</p> <p>1 was saying to him. Was he saying something bad to</p> <p>2 him? I don't know. And that's where it's limiting</p> <p>3 how much you can glean from the videos.</p> <p>4 Q. Understood. Other than John Doe 1 and</p> <p>5 John Doe 4, you haven't talked to any of the youths</p> <p>6 at Shenandoah?</p> <p>7 A. That's correct.</p> <p>8 Q. And you haven't interviewed any of the</p> <p>9 staff at Shenandoah?</p> <p>10 A. That's right.</p> <p>11 Q. You haven't read any of their deposition</p> <p>12 transcripts? I think we talked about that earlier.</p> <p>13 A. Well, I mentioned Kelsey Wong. I did see</p> <p>14 that one. Or no, that wasn't a deposition. That</p> <p>15 was a declaration.</p> <p>16 Q. I thought --</p> <p>17 A. Yeah.</p> <p>18 Q. Yeah, and let me clarify. My</p> <p>19 understanding was that you reviewed her statement</p> <p>20 that was attached to --</p> <p>21 A. Yes.</p> <p>22 Q. -- the defendant's opposition --</p>
<p style="text-align: right;">Page 255</p> <p>1 That was very clear. And it looked like what they</p> <p>2 were doing was appropriate for the most part in</p> <p>3 those cases.</p> <p>4 Where it wasn't was that in one case the</p> <p>5 one situation in the gym or whatever, I forget where</p> <p>6 it was, they ended up taking the kid down who didn't</p> <p>7 need to be taken down. He simply could have been</p> <p>8 held back, and I just felt like the takedown was</p> <p>9 unnecessary.</p> <p>10 So, again, it felt like in some of the</p> <p>11 situations it wasn't -- it was preventing, but it</p> <p>12 wasn't immediate danger at that point and they</p> <p>13 overreacted. Other times I felt that they had</p> <p>14 reacted appropriately.</p> <p>15 I think their nonverbal behavior was</p> <p>16 provocative in some situations. I could just tell</p> <p>17 by the way they were -- in one case the guard kept</p> <p>18 kind of finger wagging one particular kid; and he</p> <p>19 probably was upset with the kid, but the finger</p> <p>20 wagging looked like it really triggered this kid.</p> <p>21 So that's part of when I talk about trauma. We</p> <p>22 don't know how that kid perceived what that guard</p>	<p style="text-align: right;">Page 257</p> <p>1 A. Yes.</p> <p>2 Q. -- to the preliminary --</p> <p>3 A. That's right.</p> <p>4 Q. -- injunction brief.</p> <p>5 Is that your --</p> <p>6 A. That's right.</p> <p>7 Q. Okay.</p> <p>8 A. But none of the other depositions, no.</p> <p>9 Q. Okay. And outside of staff who are</p> <p>10 employed at Shenandoah, you haven't talked to</p> <p>11 Dr. Rife or Dr. Kane or anyone else who provides</p> <p>12 care there that may not be employed there?</p> <p>13 A. I have not.</p> <p>14 MS. HAYNES: Okay. I think I'm about</p> <p>15 done.</p> <p>16 Do you have questions, Hannah?</p> <p>17 MS. LIEBERMAN: No.</p> <p>18 MS. HAYNES: Okay. Can I have two minutes</p> <p>19 to look at my notes, and then I'll either come back</p> <p>20 and ask you just a couple of questions or we will be</p> <p>21 done.</p> <p>22 THE WITNESS: All right. No problem.</p>

<p style="text-align: right;">Page 258</p> <p>1 (Whereupon, a recess was taken 2 from 3:24 p.m. to 3:30 p.m.) 3 MS. HAYNES: Okay. I think I just have 4 two more. 5 BY MS. HAYNES: 6 Q. Dr. Lewis, do you know where John Does 2, 7 3 or 4 are currently? 8 A. 2, no; 3, no. I don't know where 4 is. 9 I'm assuming he's still at Shenandoah, but I don't 10 know. 2 and 3 I have no idea. 11 Q. Okay. Are you setting John Doe 4 in a 12 separate category just because you met with him last 13 summer, which was relatively recently? 14 A. Right, and he was there at the time, yeah. 15 Q. Right, okay. 16 A. Yeah. 17 Q. And then your report with regard to 18 John Does 2 and 3 is based on documentation alone, 19 right? 20 A. Yes, yes. 21 Q. And I'm just curious. I'm not asking to 22 be anything, but in your clinical practice would you</p>	<p style="text-align: right;">Page 260</p> <p>1 THE WITNESS: Likewise. 2 (Whereupon, the deposition was 3 concluded at 3:32 p.m.) 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21 22</p>
<p style="text-align: right;">Page 259</p> <p>1 ever reach a conclusion about a patient based on 2 your review of documentation alone without meeting 3 that patient? 4 A. It's -- I think it's possible to reach a 5 conclusion. I wouldn't -- I would never diagnose 6 somebody without seeing them, you know. Even if 7 someone else had diagnosed them, I might say they're 8 reported to be this way based on the prior 9 diagnosis, but so I wouldn't reach a diagnostic 10 conclusion, but I think it's -- I think there would 11 be situations where again as a consultant, I mean, 12 there has been times that I've asked to review even 13 medical records not for this type of case but to 14 review medical records and come to some conclusions. 15 So I guess the answer is it depends on 16 what the question is and what the conclusions are. 17 MS. HAYNES: Fair enough. I don't have 18 anything else, Dr. Lewis. 19 I really appreciate your time and bearing 20 with me, especially over video, which can be a 21 little bit difficult. And it was nice to meet you 22 regardless of the points on which we disagree.</p>	<p style="text-align: right;">Page 261</p> <p>1 STATE OF ILLINOIS) 2) SS: 3 COUNTY OF C O O K) 4 The within and foregoing deposition of the 5 witness, GREGORY N. LEWIS, Psy.D., was taken before 6 GREG S. WEILAND, CSR, RMR, CRR, at Suite 3000, 7 One North Franklin Street, in the City of Chicago, 8 Cook County, Illinois, commencing at 9:27 o'clock 9 a.m., on the 16th day of October, 2018. 10 The said witness was first duly sworn and 11 was then examined upon oral interrogatories; the 12 questions and answers were taken down in shorthand 13 by the undersigned, acting as stenographer and 14 Notary Public; and the within and foregoing is a 15 true, accurate and complete record of all the 16 questions asked of and answers made by the 17 aforementioned witness at the time and place 18 hereinabove referred to. 19 The signature of the witness was waived by 20 agreement of counsel. 21 The undersigned is not interested in the 22 within case, nor of kin or counsel to any of the</p>

1 parties.
2 Witness my signature on this 19th day of
3 Oct-ber 2018

4 

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6 GREG S. WEILAND, CSR, RMR, CRR
License No. 084-003472

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